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COMMUNITY MONITOR

SPRING 1993

Social Planning & Research Council

SPRC
of Hamilton-Wentworth

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COMMUNITY MONITOR

SPRING 1993

October 1993

SOCIAL PLANNING AND RESEARCH COUNCIL OF HAMILTON AND DISTRICT
255 West Avenue North, Hamilton, Ontario L8L 5C8





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THE SOCIAL PLANNING AND RESEARCH COUNCIL
OF HAMILTON AND DISTRICT

255 West Avenue North
Hamilton, Ontario
L8L 5C8

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EXECUTIVE SUMMARY

Employment and Immigration Canada

The Social Planning and Research Council of Hamilton and District (SPRC) conducted a survey of the general adult population living within the Regional Municipality of Hamilton-Wentworth. In this PILOT version of the COMMUNITY MONITOR, 630 telephone interviews were completed between May 1 and May 15, 1993. Surveys of this size are generally accurate within ± 4 percentage points in 19 out of 20 samples.

The SPRC explored five themes with this highly representative sample of the general population on behalf of the Hamilton Office of Employment and Immigration Canada.

1. Past Usage of Federal Government Services

The most frequently visited federal offices or buildings were, in order, Revenue Canada - Taxation, the Unemployment Insurance Office, and the Employment Office. Given that only 14% of the residents who visited a federal office in the past year did so to drop off payments, it is unclear whether or not this justifies having a "cashier" located in the Central Information Centre scheduled for Hamilton. In addition, a need for this type of service was not offered as a suggestion by any of the residents as a service which might be included in the Central Information Centre.

2. Hamilton Central Information Centre

The residents were asked what additional services should be available in the Central Information Centre scheduled for Hamilton. The 50 different, and wide-ranging, suggestions were analyzed and combined into 1 of 5 categories:

- a) **General Suggestions** - the most dominant theme was a desire to have one place to go where an individual with a problem might be able to find out where to go, as well as a specific contact name and phone number of someone who might help.
- b) **Federal Services and Departments** - the most frequently mentioned suggestion was to include the "Passport Office".
- c) **Provincial Services and Departments** - a number of residents offered "Provincial" suggestions as services to include in the federal Central Information Centre.
- d) **Health and Social Services** - it is unclear if the residents feel these services fall under federal jurisdiction or if they are simply saying these types of "provincial" or "local" services should be included.

- e) **Other** - some residents were explicit in suggesting that federal, provincial, and municipal information and services should be located together in one central site.

Of the 630 persons interviewed, only 1 respondent expressed a negative reaction to the concept of a Central Information Centre.

3. Evaluation of the Telephone Access Code System

The vast majority of residents living within Hamilton-Wentworth have access to a touch-tone phone and tend to like an Automatic Voice Response System.

The Telephone Access Code and Automated Voice Response System method of obtaining information about Unemployment Insurance Claims has been widely used with 73% of the users expressing satisfaction with the system and 85% able to get the information they needed. Comments were obtained describing the reasons that people have for their satisfaction and dissatisfaction with the system.

4. Utilization of Local CEC Services

More than half (52%) of the respondents who had utilized CEC services in the past year indicated they were working either full-time or part-time at the time of the interview (17% of the residents reported usage of CEC services within the past 12 months). As expected, the most common reasons for using CEC services were to file an Unemployment Insurance Claim and to look for a job, as opposed to training or counselling reasons.

5. Suggested Additional Services for CEC to Provide

Through an analysis of suggested additional services, it is clear that the general public is not fully aware of the wide range of services that are available through the CEC. For example, the most often mentioned service that was suggested fell into the area of training, re-training, and upgrading information and service.

Although 30 suggestions for additional services were offered, the frequencies of each of the individual suggestions were too small to draw sound conclusions or recommendations. (These 30 suggestions are itemized in the main report.) However, valuable insights have been gained which point to the need for further research.

EXECUTIVE SUMMARY

Hamilton-Wentworth District Health Council

The Social Planning and Research Council of Hamilton and District (SPRC) conducted a survey of the general adult population living within the Regional Municipality of Hamilton-Wentworth. In this PILOT version of the COMMUNITY MONITOR, 630 telephone interviews were completed between May 1 and May 15, 1993. Surveys of this size are generally accurate within ± 4 percentage points in 19 out of 20 samples.

The SPRC explored six themes with this highly representative sample of the general population on behalf of the Hamilton-Wentworth District Health Council.

1. Residents' Self-Reported Health Status

Overall, the general population of Hamilton-Wentworth considers itself to be in very good health with fully 87% of the respondents reporting their health in the range of "good" to "excellent", with only 13% reporting their health as "fair" or "poor".

Statistically significant relationships were found with employment status, family income, education, home ownership, number of family members under age 18, and age.

2. Satisfaction With Ontario's Health Care System

When the general (adult) population of Hamilton-Wentworth was asked to rate the health care system in Ontario, more than 90% gave a positive evaluation with only 9% rating the system as fair or poor. Twelve demographic/background variables were examined and none were found to be significantly related to ratings of the health care system per se. The findings illustrate that the percentage of residents rating Ontario's health care system as fair or poor tends to increase as the self-reported health status varies from excellent down through to fair or poor.

3. Perceived Importance of Public Input to Planning Health Services

Fully 93% of those who were interviewed felt it was either very important or somewhat important to obtain public input. Residents who felt it was "very important" to get the opinions of the public when planning for health care services were disproportionately females, renters, and of lower educational levels.

Residents who rate the health care system in Ontario as either fair or poor disproportionately claim that it is very important to get the opinions of the public when planning for health services. The evidence suggests that residents with fair or poor health disproportionately tend to rate the health care system as fair or poor and in turn they disproportionately tend to feel it is very important to get the opinions of the public when making planning decisions for health services. There was no statistically significant direct relationship between self-reported health status and perceived importance of public input.

The survey data support the following model:



4. Willingness of the Public to Participate in Planning Health Services

As expected, the majority of respondents indicated they would likely answer a mail-in questionnaire; fewer indicated they would likely attend a community meeting; and even fewer stated they would likely join a committee or community group to discuss or advise on health matters.

Also, residents who felt it was very important to have public input in planning for health services disproportionately were more likely to participate in the planning process.

Females, college and university graduates and middle-aged individuals are more likely to indicate they would be actively involved in the planning process.

Members of the single-parent families were disproportionately more likely to indicate they would attend community meetings and join committees.

5. Sources of Health Care, Treatment and Information

Of the residents who are worried about their health, fully 95% make an appointment to visit a doctor; almost two-thirds (63%) visit a hospital emergency room; less than half (40%), talk to a doctor over the phone; and only 19% visit a walk-in clinic. On the other hand, many residents also get information without actually coming into direct contact with health care professionals. For example, 71% talk to a family member, friend or relative and 62% get information from magazines, books or journals.

6. Family Members as Care Givers

Of those relatives who received long-term care, more than half (57%) were parents receiving care from their children. Conversely, of these relatives who received short-term care, almost half (48%) were children receiving care from their parents.

EXECUTIVE SUMMARY

Department of Social Services:

Regional Municipality of Hamilton-Wentworth

The Social Planning and Research Council of Hamilton and District (SPRC) conducted a survey of the general adult population living within the Regional Municipality of Hamilton-Wentworth. In this PILOT version of the COMMUNITY MONITOR, 630 telephone interviews were completed between May 1 and May 15, 1993. Surveys of this size are generally accurate within ± 4 percentage points in 19 out of 20 samples.

The SPRC explored four themes with this highly representative sample of the general population on behalf of the Department of Social Services within the Regional Municipality of Hamilton-Wentworth.

1. Family Income and Shelter Costs

As expected, there is a clear relationship between family income and shelter costs. (Shelter costs include rent, mortgage, property taxes, heat, hydro, water and gas) For example, one-third of the families in the lowest income bracket (less than \$20,000 per year) pay less than \$400 per month for shelter costs, yet only 6% of the families in the highest income bracket (\$70,000 or more per year) pay a similar amount.

As one might naturally expect, families with higher income brackets disproportionately tend to be home owners, and families with lower incomes tend to be renters. In addition, home owners disproportionately tend to have higher shelter costs with renters tending to have lower shelter costs. Within the home-owner group and within the renter group, there is also a direct relationship between family income and shelter costs.

2. Impact of the Recession

Fully 61% of the residents stated that either they or someone else in their family (living in the same household) had been affected in some way by the recession.

Residents who were employed part-time and those who were unemployed but looking for work, disproportionately reported that their families had been affected by the recession. Fully 88% of those who were unemployed but looking for work stated that their family had been affected by the recession.

Residents in the middle-age groupings (age 35 to 44 and age 45-54) disproportionately reported that their families had been affected by the recession.

Typically the residents reported they were affected by a reduction in employment/income, or job loss; a need to watch their money more since wages had not gone up but the cost of living had; a reduced income for pensioners due to interest rates which have fallen; stress through a threat of lay off and/or reduced job security; and, early retirements.

3. Usage of Social Services

One out of every four residents (26%) reported that either they or another member of their family had used at least one of the social services in Hamilton-Wentworth during the past 12 months.

Residents with the following characteristics disproportionately tended to report usage of social services; unemployed but looking for work; members of single/lone parent families; lowest income brackets, particularly less than \$20,000 per year; renters (double the percentage of home-owners); and females. And, as expected, families who have been affected by the recession disproportionately reported usage of social services.

Residents who had been affected by the recession and who had utilized one of the social services disproportionately reported that they had been affected through losing a job, being laid off permanently, a plant closure, etc.

When asked which social services had been used, as many as 40 different types were mentioned by the residents. On a specific note, 80% of the residents who reported being affected by the recession through a reduction in employment/income, or actual job loss, and had also reported using a social service, had indeed made use of an income assistance program and accompanying benefits, as opposed to another type of service.

4. Perceived Important Social Services

Residents who are unemployed and not looking for work disproportionately ranked social services other than income assistance as the most important. All other employment status groups ranked income assistance as the most important.

1.0 INTRODUCTION

As an independent voice in the community, the Social Planning and Research Council of Hamilton and District acts to improve the quality of life for all citizens by engaging in activities which will result in:

- a) Improved social policies and services;
- b) Maximized access for all citizens to the opportunities afforded by society; and
- c) Effective citizen involvement in the continuing consideration of social issues.

As a means of monitoring trends within the community; as a means of evaluating existing programs and services; as a means of studying the need for augmenting the present community support system; and, as a means of acquiring public input, SPRC is co-ordinating the COMMUNITY MONITOR.

A survey is generally considered as "a snapshot at one point in time". Therefore, the COMMUNITY MONITOR can be used to "touch the pulse" of the general population at one particular point in time, or, if the same questions are asked on an annual or bi-annual basis, then community trends can be monitored.

The questionnaire for this survey (see Appendix A), was designed in consultation with the following Community Partners who participated in the Spring 1993 PILOT version of the COMMUNITY MONITOR:

Employment and Immigration Canada
Hamilton-Wentworth District Health Council
Regional Municipality of Hamilton-Wentworth
 Department of Social Services
 Department of Public Health Services
Social Planning and Research Council of Hamilton and District

See Appendix B for the distribution of questions by Community Partner. See Appendix C for the coding manual for the open-ended questions.

2.0 METHODOLOGICAL BACKGROUND

For this survey, the general population of adults (age 18 and over) living within the Regional Municipality of Hamilton-Wentworth were interviewed by telephone.

The Social Planning and Research Council (SPRC) recruited and employed 7 interviewers for the survey with the SPRC telephones and office space being utilized for the field work. In this way, a field supervisor was present at the bank of telephones at all times to maximize quality control.

2.1 Pretest

Before the main survey started, the questionnaire was pretested. The sampling procedure and the population pretested were identical to those of the main study.

The pretest period was from April 1 through April 8, 1993. In total 44 interviews were completed. Of these, 16 were personal in-home interviews and 28 were completed via telephone. The face-to-face in-home interviews averaged 6 minutes longer and allowed for a more free flowing discussion between the respondent and the interviewer. In this way, any problems with the questionnaire such as logic, flow, phraseology, ambiguity of wording etc. could be discovered. The telephone interviews allowed for the opportunity to pretest the questionnaire with the method of data collection which would be employed in the main survey. The pretest interviews averaged 35 minutes to complete.

As a result of the pretest, many questions were deleted and others were refined. The final questionnaire was smooth flowing and was able to be completed within the desired 20 minute limit for a telephone interview.

2.2 Sampling for the Main Survey

The Planning and Development Department of the Regional Municipality of Hamilton-Wentworth drew the sample according to the specifications provided by the SPRC.

A sample was drawn randomly from the 1992 Assessment Listing of Residential Units identified as being occupied by one or more persons across the Regional Municipality. In total 2500 Units were drawn and a listing was provided which included an identification number ranging from 0001 to 2500. These identification numbers were assigned to the order of selection; i.e., the first unit randomly drawn was assigned 0001, the second unit

randomly drawn was assigned 0002, through the 2500th unit drawn being assigned the identification number 2500. The sample of 2500 contained no duplications. The purpose of this procedure was to ensure that the release of the sample (or any portion thereof) to the interviews would be done in a totally random fashion.

In addition to the identification number, the 4 digit Regional Neighbourhood Unit Planning Code was provided for each residential unit drawn.

Announcement letters (see Appendix D) were mailed to the first person listed within each residential Unit.

The next phase of the multi-stage stratified random sampling procedure was to select the respondent living within the (randomly selected) residential unit. A commonly used method to choose the respondent in an unbiased manner is based upon "birthdays". The interviewers asked to speak to the member of the household age 18 or over whose birthday was closest after the date of the call. This quick selection procedure allows the interviewer to select a respondent within the household without bias entering into the selection procedure.

In cases where the selected respondent was not at home at the time of the call, the interviewers obtained the name of the eligible respondent and made arrangements to call back when the designated person would be home. A maximum of 12 attempts (or telephone calls) were placed to each household in order to complete an interview.

In the final phase of the survey, quotas were established to be filled for various strata of the population, e.g., community, gender and age in order to ensure a representative sample.

2.3 Response Rates and Representativeness of the Sample

The sample provided by the Regional Municipality contained only the name, address, and postal code. The telephone directory was used to obtain telephone numbers. With this method, it was possible to locate 1653 telephone numbers. This represents only 66% of the original 2500 names. The high number of missing telephone numbers was due to the fact that some people have unlisted telephone numbers; and secondly, the fact that the Assessment Lists are updated in their entirety only once every 3 years. (Some updates are made during the 3 year period, but not in a total or systematic manner.)

Given the large number of phone numbers that could not be found in the telephone directory, a second approach was taken to locate some of the missing telephone numbers. The Vernon's City Directory proved to be valuable in this regard.

The Vernon's City Directory contains some unlisted phone numbers. (Some residents with unlisted numbers are willing to give out their unlisted phone number to the Vernon's enumerators.) In addition, this directory provided phone numbers for some residents who had moved in or out of the selected address after the time when the Assessment Listing was compiled. In this way, not all unlisted phone numbers, and not all recent movers, were systematically excluded. In total, 50.1% or 431 of the 847 telephone numbers not found in the telephone directory were located. With 1653 phone numbers located in the telephone directory and 431 in the Vernon's Directory, a total of 2084 or 83% of the 2500 original sample yielded phone numbers.

The telephone interviews which averaged 19.6 minutes to complete were conducted between May 1 to May 15, 1993. Overall, the survey was well received by the general population and 630 interviews were completed. Samples of this size are generally accurate with ± 4 percentage points in 19 out of 20 samples.

Generally speaking, the quality of survey data can be evaluated by comparing the representativeness of the sample to the population from which the sample was drawn. In surveys relating to specific populations e.g., chronically ill aged individuals, recipients of social benefits, users of a specific service, etc., it is often difficult to find outside criteria with which to compare the representativeness of the sample. As such, it is critical to obtain extremely high completion rates in those situations.

On the other hand, surveys of the General Population can be readily compared with Census or Assessment data of the population as a whole. Consequently, response rates are less critical than the representativeness in surveys of this type. However, the response rates for this version of the COMMUNITY MONITOR were within the range which is typically obtained in a general population telephone survey. See Table 2.1 below.

TABLE 2.1: RESPONSE RATES

47.2%	Completed Interviews
26.2	Refused
16.6	Telephone Number Not in Service
6.7	Language Problem
1.9	Health Reasons
0.7	Vacation
<u>0.7</u>	Business Numbers
100.0%	Total Closed Cases (n=1334)

In total, 1334 cases were closed by the interviewer -- either by a completed interview or for the other reasons listed above in Table 2.1. A total of 750 cases remained open at the end of the survey period. These cases included phone numbers not dialled; individuals who were contacted and agreeable to an interview, but only after the close of the field work; numbers which were dialled but no contact made (up to 12 attempts); as well as interviews broken off in progress and not completed. In addition, there were 416, or 17% of the original 2500 names for which phone numbers could not be found.

Although the sample appears to be highly representative of the general population, the reader is cautioned that "renters" may be under-represented in the sample and that "households which are owned" may be overestimated. The 1991 Census reports that 62% of occupied private dwellings are owned; whereas, 72% of the respondents in our survey reported that the home or apartment where they live was owned by them or a member of their household.

Tables 2.2 to 2.5 below describe the representativeness of the COMMUNITY MONITOR sample.

TABLE 2.2: POPULATION DISTRIBUTION

<u>Community</u>	<u>Sample</u>	<u>Hamilton-Wentworth*</u>
Hamilton - Lower (Below Escarpment)	41.7%	41.8%
Hamilton - Upper (Above Escarpment)	28.6	28.8
Stoney Creek	11.6	11.0
Flamborough	6.3	6.5
Ancaster	4.9	4.9
Dundas	4.8	4.8
Glanbrook	2.1	2.2
	-----	-----
Total	100.0%	100.0%
	(N=630)	
Hamilton	70.3%	70.6%
Suburbs	29.7	29.4
	-----	-----
Total	100.0%	100.0%
	(N=630)	

* Source: 1992 Regional Municipality of Hamilton-Wentworth Assessment Data

TABLE 2.3: DISTRIBUTION BY GENDER FOR AGE 18 AND OVER

<u>Gender</u>	<u>Sample</u>	<u>Hamilton-Wentworth*</u>
Male	49.2%	48.1%
Female	50.8	51.9
	-----	-----
Total	100.0%	100.0%
	(N=630)	

* Source: 1992 Regional Municipality of Hamilton-Wentworth Assessment Data

TABLE 2.4: DISTRIBUTION BY AGE

<u>Age</u>	<u>Sample</u>	<u>Hamilton-Wentworth*</u>
18 - 24	9.1%	13.2%
25 - 34	25.9	23.0
35 - 44	21.4	19.7
45 - 54	14.6	13.9
55 - 64	11.0	12.7
65 plus	17.8	17.5
	-----	-----
Total	99.8%**	100.0%
	(N=630)	

* Source: 1992 Regional Municipality of Hamilton-Wentworth Assessment Data

** Error due to rounding and 0.3% refused to answer

Note: With only 2 more completed interviews in the 18 - 24 age group, the sample would have been within statistically acceptable limits for this age group.

TABLE 2.5: DISTRIBUTION BY LONE PARENT FAMILIES

<u>Lone or Single Parent Family</u>	<u>Sample</u>	<u>Hamilton-Wentworth*</u>
Yes	9.2%	9.8%
No	90.6	90.2
	-----	-----
Total	99.8%**	100.0%
	(N=630)	

* Source: 1991 Census: Profile of Hamilton-Wentworth. There are 16,500 Lone Parent families living in 168,740 private households. This represents 9.8% and corresponds to this survey's sampling procedure.

** Does not add to 100% due to 0.2% who refused to answer.

Tables 2.2, 2.3 and 2.4 have been presented since geographic location of residence, gender and age are considered three of the most important variables in determining the representativeness of a sample. Table 2.5 has been presented since the concept of "Lone Parent" family will be of particular interest to many Community Partners. In addition, it offers a comparison of the SPRC's measure of the concept with Census data.

3.0 EMPLOYMENT AND IMMIGRATION CANADA

3.0 EMPLOYMENT AND IMMIGRATION CANADA

Through the COMMUNITY MONITOR, the Social Planning and Research Council was able to explore 5 general themes with the general population on behalf of the Hamilton office of Employment and Immigration Canada:

1. Past usage of Federal Government Services (Q.32 - Q.35).
2. Potential additional services for a Hamilton Central Information Centre (Q.36).
3. Evaluation of a Telephone Access Code for Unemployment Insurance Recipients (Q.37 - Q.49).
4. Utilization of services at the local Canada Employment Centre (Q.50 - Q.52).
5. Additional services the local Canada Employment Centre might offer (Q.53).

3.1 Past Usage of Federal Government Services

The respondents were asked which federal offices or buildings they had gone to in the past year and specifically if they had gone to: a) get any questions answered or pick up some information; b) pick up or drop off any forms; and, c) drop off any payments.

The least frequently mentioned reason for going to federal buildings was to drop off payments. Only 14% of those interviewed made trips to federal offices for this reason. Whereas almost one-third of the respondents visited these offices simply to get information and one-third went to pick up or drop off forms. See Table 3.1 below.

TABLE 3.1: REASON FOR VISITING FEDERAL BUILDINGS

Percentage Saying "Yes" for Each Reason		
(N=630)	14%	Drop Off Payments
(N=630)	31%	Get Information
(N=630)	32%	Pick Up or Drop Off Forms

With only 14% of the residents visiting a federal building to drop off a payment, it is unclear whether there is sufficient demand to justify having a cashier located in a Central Information Centre. (In fact, this service was not offered as a suggestion by any of the residents as a service to include in the proposed Hamilton Central Information Centre.)

Approximately one out of every four residents interviewed indicated that they had gone to the offices of Revenue Canada - Taxation in the past year or so. The Unemployment Insurance Office and the Employment Office were the next two Federal departments mentioned most frequently. See Table 3.2 below.

TABLE 3.2: FEDERAL DEPARTMENT VISITED IN PAST YEAR

Percentage Saying "Yes" for Each Department

(N=630)	27%	Revenue Canada - Taxation
(N=630)	18%	Unemployment Insurance Office
(N=630)	16%	Employment Office
(N=630)	14%	Customs*
(N=630)	10%	Health and Welfare
(N=630)	8%	Immigration

* Note: The higher than expected usage of the Customs Office (14%) may have been due to "entering the Customs office" when cross-border shopping or vacationing.

When asked what other federal buildings or offices were visited in the past year, 4% reported they had gone to the "Passport Office". Although many other departments were mentioned such as Veteran Affairs, National Defense, and GST, less than 1% reported going to a specific federal office other than those listed above. It is interesting to note that about 3% gave a "Provincial" department when asked about federal offices; for example, "Drivers license bureau", "OHIP", "Birth Certificates". In addition, "family court", "small business office", "day care subsidy office" and other non-federal offices were mentioned. However, those types of responses were minimal, and, for the most part the general population identified federal services.

3.2 Hamilton Central Information Centre

Each person interviewed was informed that:

"Recently the Federal Government set up a Central Information Centre in Burlington. In this way, the public is able to go to one location and get information on programs and services that are available from a variety of federal government agencies.

Also, the public can pick up and drop off forms as well as make payments for different federal departments all in one place.

Hamilton is the next area scheduled for a Central Information Centre of this type."

The respondents were then asked what additional types of departments or services they would like to have located in the Central Information Centre. In total, 16% of those interviewed offered 50 different wide ranging suggestions. (The full listing of "raw" suggestions appear in the coding manual in Appendix C under Question #36.)

The majority of responses were related to federal services; however, many suggestions mentioned were not under federal jurisdiction; for example, "information about school boards", "Workers Compensation Board", and "birth certificates". Only 1 of the 50 different suggestions from 103 persons was critical of the concept (527 respondents had "no idea", "no preference", "didn't know", or could not offer a suggestion).

The suggestions for additional programs and services to include in a Central Information Centre were examined and collapsed into 5 different groupings:

- a) General Suggestions
- b) Specific Departments - Federal Jurisdiction
- c) Services and Departments - Provincial Jurisdiction
- d) General Health and Social Services
- e) Other

The most frequently mentioned single suggestion related to a need for one central location where general information could be obtained and directions regarding where a person might go and who to contact for a given problem. In particular, residents wanted a place to go where they could get a specific contact name, phone number, or fax number for an individual they could contact in the Federal Government to deal with their problem.

It was felt desirable to have the constituency offices of Members of Parliament in the Central Information Centre and some residents felt it would be useful to be able to get questions answered from politicians about government policies in this facility. In addition, it was felt that a general "complaints department" and "efficiency department" should be included.

Given that this survey was conducted throughout the Regional Municipality of Hamilton-Wentworth and not simply the City of Hamilton, it is not surprising that some respondents expressed a feeling that "sub-stations should be available in rural areas for people who couldn't get around".

Other suggestions of a general nature were that services be available in French as well as other languages; a suggestion box be placed in the building; free parking be available as well as telephones for the public to use.

Table 3.3 below lists the suggestions of a general nature and the frequency of each response.

TABLE 3.3: GENERAL SUGGESTIONS FOR CENTRAL INFORMATION CENTRE

(13)	General information; directions; contact names; phone and fax numbers
(5)	M.P. Constituency Office
(3)	A place to get answers from politicians
(3)	Rural Sub-Station
(2)	Suggestion Box
(2)	Complaints Department
(1)	Efficiency Department
(1)	Troubleshooter for Problems
(2)	Services in French and other languages
(1)	Services for Universities to get government career planning
(2)	Computerized access to all departments in one building
(1)	Include small departments
(2)	Provide free parking
(1)	Provide telephones for public use

(39)	

With regard to specific Federal departments which could be included, the most frequently mentioned suggestion was for the "Passport Office" which comes under the jurisdiction of External Affairs and International Trade Canada. See Table 3.4 for the listing of additional specific Federal departments and services suggested to be included in the Central Information Centre.

TABLE 3.4: ADDITIONAL FEDERAL DEPARTMENTS AND SERVICES TO INCLUDE

(9)	Passport Office (External Affairs)
(4)	Environment/Water Quality/CCIW
(3)	Veterans Affairs
(2)	Pensions
(2)	CRTC
(2)	Post Office
(1)	Aviation and Vessels
(1)	Marine Radio Licence
(1)	National Parks
(1)	How to contact Ambassadors of other countries
(1)	Supply and Services

(27)	

When asked about what department or services to include in the Hamilton Central Information Centre to be set up by the Federal Government, many residents suggested various Provincial departments and services (see Table 3.5 below).

TABLE 3.5: PROVINCIAL DEPARTMENTS AND SERVICES TO INCLUDE

(4)	General provincial services and referrals for provincial benefits
(3)	Ministry of Transportation
(3)	Ministry of Natural Resources
(3)	Birth Certificates
(2)	Ministry of Labour
(1)	Tourism
(1)	Consumer Relations
(1)	Student Loans - repayment
(1)	Documents such as marriage and birth certificates in a computer

(19)	

A range of Health and Social Services were suggested for inclusion in the Central Information Centre. However, it is unclear as to whether the residents perceived these matters as falling under Federal jurisdiction or if they simply feel these types of services should be available in the new Central Information Centre (see Table 3.6).

TABLE 3.6: HEALTH AND SOCIAL SERVICES TO INCLUDE

(4)	General health or social services
(5)	Seniors: Information re: benefits, housing, transportation
(2)	Legal aid
(2)	Child care
(2)	Aids/Sex education
(1)	Family benefits
(1)	Information re: mentally retarded
(1)	Information re: available community resources

(18)	

A number of "other" types of suggestions were offered which did not fall into one of the categories listed above (see Table 3.7 below).

TABLE 3.7: OTHER SUGGESTIONS FOR INCLUSION

(5)	Federal/Provincial/Municipal should be together
(1)	Federal and Provincial government publications
(1)	Workers Compensation Board
(1)	School Board
(1)	Business Licences
(1)	Law enforcement
(1)	Property ownership information
(1)	Whole information office is a waste of money

(12)	

In summary, 83% of those interviewed did not offer a suggestion, 1% replied that all government services should be in one central location; and, 16% gave concrete suggestions. Of the 630 persons interviewed, only one expressed a negative reaction to the concept. Although no single suggestion was mentioned in overwhelming numbers, there were many interesting, positive and constructive ideas presented.

3.3 Evaluation of the Telephone Access Code System

In May 1992, the Federal Government set up an Automated Voice Response Enquiry System (AVRES); i.e., when a person files a claim for Unemployment Insurance, 3 or 4 weeks later that person receives a Telephone

Access Code (TAC) with the first set of reporting cards - this code number together with a touch-tone phone allows them to ask questions about their claim.

Overall, the respondents tend to favour an Automated Voice Response System in general with 64% liking this type of system "some" or "a great deal" and only 36% liking the system "very little" or "not at all". (Only 8% stated they had never used an Automated Voice Response System when dealing with government departments or businesses.)

According to our survey, 4 out of every 5 households (82%) have a touch-tone phone. Of those persons who do not personally have a touch-tone phone, more than half have a friend, neighbour or relative with one they could use if they needed to.

As such, there is wide spread usage of touch-tone telephones within Hamilton-Wentworth and there tends to be a favourable reaction to the Automated Voice Response System in general.

Of the residents who were interviewed, 18% either had their own Telephone Access Code for Unemployment Insurance purposes or knew someone else who had one. Of those who actually had their own TAC, more than half (54%) had used the AVRES system. When the others were asked why they had not used the system, their most common reply was that they simply did not need any information. A few indicated they "had not been on UIC long enough" or that they lived near a UIC office. Only 3 of the 27 persons who had not used the AVRES system stated that they "prefer talking to people, not machines".

When asked to evaluate the TAC and AVRES approach to getting information about UIC claims, the residents tended to give a positive evaluation. Overall, 73% were either "very satisfied" or "somewhat satisfied" and only 27% were either "very dissatisfied" or "somewhat dissatisfied". See Table 3.8 below.

TABLE 3.8: EVALUATION OF TAC AND AVRES

40.0%	Very satisfied
33.3	Somewhat satisfied
13.3	Somewhat dissatisfied
13.3	Very dissatisfied

99.9%	Total (Error due to rounding)
(N=75)	

Note: Questions #42 and #46 Combined Response

The respondents were asked to elaborate upon the reasons for their satisfaction or dissatisfaction with TAC and AVRES. Some typical reasons are listed below.

SATISFIED WITH TAC AND AVRES

- "Worked very well; it's efficient."
- "Don't have to wait at all."
- "Easily accessible and easy to operate."
- "Don't have to go out to do a 5 minute job."
- "Able to get information about when cheque is due."
- "Got answers to my questions."
- "Saves time and energy."
- "Don't have to be on hold for a long time."
- "Got through immediately."
- "Just have to press a button."

DISSATISFIED WITH TAC AND AVRES

- "Had to go in personally. They can only tell you if a cheque was issued."
- "Threw out the number and couldn't get help."
- "If you answer the questions wrong you have to start over."
- "Wanted to talk to someone."
- "Messages never seem to change - same ones month after month."
- "Couldn't ask questions."
- "They sometimes don't return a call."
- "Was surprised and unprepared."
- "Computer often not up to date with current information."
- "Always another issue requiring personal assistance means hanging up and a second call."

Fully 85% of those who had used the TAC and AVRES system were able to get the information they needed. The remaining 15% were asked "what type of information was missing from the system" and some typical responses are listed on the following page.

COMMENTS RE: WHAT IS MISSING FROM AVRES

"Whether or not personal UIC claim was processed."

"If cheque had been issued."

"Length of waiting period."

"Up to date information is not available."

"Why cards were delayed."

"Why claim was not going through."

"Why cheque was not issued."

"Couldn't get information about potential benefits until application was processed."

"System can't handle anything outside of routine."

In summary, the vast majority of residents within Hamilton-Wentworth have access to touch-tone phones and tend to like an Automatic Voice Response system when dealing with government or business.

The TAC and AVRES method of getting information about Unemployment Insurance claims has been widely used with 73% of the users expressing satisfaction with the system and 85% able to get the information they needed.

3.4 Utilization of Services: Local Canada Employment Centre

In this survey of the adult population (age 18 and over), 17% of the residents reported using the services at the Canada Employment Centre in Hamilton-Wentworth during the past 12 months. In addition, 35% reported that they knew of someone else who had used the services of the local CEC in the past year. As expected, the mostly frequently mentioned reasons for using CEC services were to file an Unemployment Insurance claim and to look for a job. See Table 3.9 on the following page.

TABLE 3.9: UTILIZATION OF CEC SERVICES

Percentage of Sample Using CEC Services

	<u>Personal</u>	<u>Known-Others</u>	
File a UIC claim	9%	21%	(N=630)
Look for a job	9%	15%	(N=630)
Get general information	2%	2%	(N=630)
Ask about training	2%	3%	(N=630)
Social Insurance Number	2%	1%	(N=630)
Get Career Counselling	1%	1%	(N=630)
Find out about a claim	1%	1%	(N=630)

Note: Less than 1% mentioned each of the following reasons for using CEC services: maternity benefits, youth employment/student centre, employers' forms, rehabilitation, Futures program and other miscellaneous reasons.

Of those individuals who reported using the services of the local CEC during the past 12 months, one-third (34%) reported that they were working full-time at the time of the interview and another 18% reported they were presently working part-time. Therefore, 52% of those individuals who had used the services of the local CEC in the past year were presently working. See Table 3.10 below.

**TABLE 3.10: UTILIZATION OF CEC SERVICES IN PAST 12 MONTHS
BY PRESENT EMPLOYMENT STATUS**

<u>Present Employment Status</u>	<u>Percentage Utilizing CEC Services in Past Year</u>
Working full-time	34%
Working part-time	18
Unemployed - but looking for work	31
Unemployed - not looking for work	13
Homemaker - working full-time in the home	5
Total	101% (Error due to rounding) (N=108)

From Table 3.10 above, it can be seen that 13% of those persons who had utilized the services of CEC in the past year, reported at the time of the interview that they were unemployed and not looking for work. To better understand these findings, refer to Table 3.11 on the following page which presents the reasons that people gave when asked if there was some particular reason they were not looking for work.

TABLE 3.11: REASONS FOR NOT LOOKING FOR WORK

	<u>Percentage Not Looking for Work</u>
Retired	51%
Homemaker	28
Student	9
Disabled	8
Illness	1
Discouraged Worker	1
WCB - Pension	<1
Maternity Leave	<1
Waiting for Recall	<1

Total	100% (N=204)

3.5 Suggested Additional Services for CEC to Provide

When asked what other type of information or service the CEC should offer, almost one-third (32%) of the respondents replied with a comment. Although there were over 80 different types of comments and suggestions, many did not answer the question directly. (The full listing of "raw" comments and suggestions appears in the coding manual in Appendix C under question #53.)

Some comments were complimentary of the staff and services of the CEC; some comments were critical; and some focused on suggesting the CEC become more active in "finding more opportunities for jobs". Whereas these comments can be reviewed in the Appendix, the discussion here will focus on two main themes; first, suggestions to add services which in fact are already provided by the CEC; and, secondly, the more specific suggestions for types of information and services to be added will be reviewed.

It appears that the general public may not be fully aware of the wide range of services that are available through the CEC. For example, the most often mentioned service that was suggested be added by the CEC fell into the area of training, re-training and assistance with upgrading. Similarly, there were requests to add counselling, a service to match people with jobs, advice with resumes and job search techniques. In addition, there were suggestions to add information and educational types of services; for example, "advise people on what education is needed for certain jobs and where it could be obtained as well as information on educational opportunities and "directories relating to training and re-training programs". Regarding Unemployment Insurance,

there were requests for "how to make applications and process claims", "information that explains how or if you qualify" and requests for "pregnancy leave information".

In total, 15 of the over 80 different comments and suggestions for additional services are in fact, already being provided.

When the remaining comments were reviewed, it was found that 29 were actual concrete and specific suggestions which answered the question directly.

Given the wide range of suggestions for additional services which the CEC might add and the fact that most were mentioned only once or twice, and none was mentioned more than three times, it is not fruitful to classify or quantify the responses into collapsed categories. The listing on the following page represents the verbatim responses which answered the question most directly.

ADDITIONAL SUGGESTED SERVICES FOR CEC

1. Interpreters/translations/bilingually designated staff.
2. More information on trades and overseas jobs.
3. In-depth out-of-province and across the province job listings.
4. Federal funding for starting a small business.
5. Information on starting a business.
6. Financial help and training for self-employed not eligible for UIC.
7. Pay employers' wages for small business owners.
8. Phone UIC recipients when jobs come up.
9. Have pre-arranged appointments to avoid long line ups.
10. Have a co-op program like university.
11. Identify places where people could volunteer and develop skills.
12. Publish a newsletter outlining job trends and future employment opportunities to send to guidance centres at schools.
13. Futures only up to age 24, should be for adults also.
14. Information on Armed Forces.
15. Push button phone system for job opportunities.
16. Put job postings on T.V.
17. Health and Safety information.
18. Information on minimum wage and where to go to deal with employer/employee problems.
19. General information explaining a person's rights.
20. Liaison with Ministry of Skills and Development concerning time requirements.
21. Staff don't have new rules soon enough to reassure users when new UIC legislation comes.
22. Explain why cards have different numbers and what they mean.
23. Scrutinize UIC claims.
24. Pay benefits based upon amount of years claimants have been paying UIC.
25. Pay rebates (like an annuity) to people who never collect UIC.
26. Assist with income tax processing.
27. Offer counselling for personal as well as professional reasons.
28. Specific services for people over 50 years old.
29. Offer easy access to one's own employment files to review.

The question as it was phrased in the questionnaire was intended to be exploratory in nature and hence it was left wide open for the residents to respond freely. As such, some suggestions related to matters which are

political or policy oriented and which would require new legislation at the federal level; on the other hand, some suggestions related to issues which could be handled at the local office level with ease.

Given the exploratory nature of this specific topic and the fact that this survey is a PILOT, it was not possible to draw conclusions with statistical confidence as to which additional services the CEC should offer. However, insights have been gained through the richness and flavour captured by this open-end question. Further, more indepth research of a quantitative nature would be valuable.

4.0 HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL

4.0 HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL

Through the COMMUNITY MONITOR, the Social Planning and Research Council was able to explore six general themes with the general population on behalf of the Hamilton-Wentworth District Health Council:

1. Self-Reported Health Status (Q.31)
2. Satisfaction with Ontario's Health Care System (Q.16)
3. Perceived Importance of Public Input to Planning Health Services (Q.26-27)
4. Willingness of the Public to Participate in Planning Health Services (Q.28-30)
5. Sources of Health Care, Treatment and Information (Q.17-19)
6. Family Members as Care Givers (Q.20-25)

4.1 Residents' Self-Reported Health Status

The residents in the survey were asked to rate their own health compared to other persons their own age. Overall, the general population of Hamilton-Wentworth considers itself to be in very good health with fully 87% of the respondents reporting their health in the range of "good" to "excellent", and only 13% reporting their health as "fair" or "poor". See Table 4.1 below.

TABLE 4.1: SELF-REPORTED HEALTH STATUS

<u>Personal Health Rating</u>	
Excellent	30%
Very Good	35%
Good	22%
Fair	9%
Poor	4%

Total	100%
	(N=630)

A number of background, demographic, and socio-economic variables were examined to explore the variations in health status. Statistically significant relationships were found with employment status, family income, education, home ownership, number of family members under age 18, and age. (No significant relationships were found with the following variables: home language; literacy level; family size; single parent families; gender; community/municipality).

The chart below summarizes those groups whose health status varies disproportionately from the mean of the general population.

SUMMARY OF VARIATIONS IN SELF-REPORTED HEALTH STATUS

	<u>Health Status</u>	
	<u>Good to Excellent</u>	<u>Fair or Poor</u>
Employment Status	Employed Full-Time	Unemployed - but looking for work Unemployed - not looking for work
Family Income	\$30,000 or more	Less than \$30,000
Education	College/University grads and post-grads	Some high school or less completed
Home Ownership	Owners	Renters
Age	18 to 24 years 25 to 34 years 35 to 44 years	55 to 64 years 65 years or more
Number of Family Members Under Age 18 Living in Household	Zero	One or more

The detailed findings of these relationships can be seen in Tables 4.2 through 4.7 which follow.

TABLE 4.2: HEALTH STATUS AND EMPLOYMENT STATUS

<u>Self-Reported Health Status</u>	<u>Employment Status</u>				
	<u>Employed Full-Time</u>	<u>Employed Part-Time</u>	<u>Unemployed But Looking</u>	<u>Unemployed Not Looking</u>	<u>Full-Time Homemaker</u>
Excellent	36%	31%	28%	19%	26%
Very Good	38	39	30	32	33
Good	22	18	25	21	31
Fair/Poor	<u>4</u>	<u>13</u>	<u>18</u>	<u>29</u>	<u>10</u>
Total	100%	101%	101%	101%	100%
Sig<.001 (N)	(292)	(78)	(57)	(145)	(58)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.3: HEALTH STATUS AND FAMILY INCOME

<u>Self-Reported Health Status</u>	<u>Total Family Income</u>						
	Less than \$20,000	\$20,000 but \$30,000	\$30,000 but \$40,000	\$40,000 but \$50,000	\$50,000 but \$60,000	\$60,000 but \$70,000	\$70,000 or more
	<u>\$20,000</u>	<u>< \$30,000</u>	<u>< \$40,000</u>	<u>< \$50,000</u>	<u>< \$60,000</u>	<u>< \$70,000</u>	<u>or more</u>
Excellent	22%	20%	27%	28%	31%	47%	47%
Very Good	28	37	40	39	41	29	36
Good	26	23	24	22	20	13	15
Fair/Poor	<u>25</u>	<u>20</u>	<u>9</u>	<u>12</u>	<u>8</u>	<u>11</u>	<u>1</u>
Total	101%	100%	100%	101%	100%	100%	99%
Sig<.001 (N)	(101)	(90)	(104)	(78)	(61)	(45)	(91)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.4: HEALTH STATUS AND EDUCATION

<u>Self-Reported Health Status</u>	<u>Highest Level of Schooling</u>			
	Some High School or Less	Graduated High School	Some College/University or Apprenticeship	College/University Graduate
	<u>Some High School or Less</u>	<u>Graduated High School</u>	<u>Some College/University or Apprenticeship</u>	<u>College/University Graduate</u>
Excellent	20%	26%	32%	40%
Very Good	29	38	35	38
Good	27	22	23	19
Fair/Poor	<u>25</u>	<u>14</u>	<u>11</u>	<u>4</u>
Total	101%	100%	101%	101%
Sig<.001 (N)	(146)	(175)	(111)	(194)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.5: HEALTH STATUS AND HOME OWNERSHIP

<u>Self-Reported</u> <u>Health Status</u>		<u>Home Ownership</u>	
		<u>Rent</u>	<u>Own</u>
	Excellent	24%	32%
	Very Good	35	36
	Good	20	23
	Fair/Poor	<u>21</u>	<u>10</u>
	Total	100%	101%
Sig=.001	(N)	(172)	(456)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.6: HEALTH STATUS AND AGE

<u>Self-Reported</u> <u>Health Status</u>	<u>Age Groupings</u>					
	<u>18 to</u> <u>24 Years</u>	<u>25 to</u> <u>34 Years</u>	<u>35 to</u> <u>44 Years</u>	<u>45 to</u> <u>54 Years</u>	<u>55 to</u> <u>64 Years</u>	<u>65 Years</u> <u>Plus</u>
Excellent	39%	33%	30%	35%	30%	16%
Very Good	30	39	39	35	33	31
Good	21	22	25	17	19	25
Fair/Poor	<u>11</u>	<u>6</u>	<u>7</u>	<u>13</u>	<u>17</u>	<u>28</u>
Total	101%	100%	101%	100%	99%	100%
Sig<.001 (N)	(57)	(163)	(135)	(92)	(69)	(112)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.7: HEALTH STATUS AND PRESENCE OF FAMILY MEMBERS UNDER AGE 18

		<u>Number of Family Members in Household Under Age 18</u>		
		<u>Zero</u>	<u>One</u>	<u>Two or More</u>
<u>Self-Reported</u>	Excellent	29%	26%	33%
<u>Health Status</u>	Very Good	34	44	35
	Good	21	23	25
	Fair/Poor	<u>16</u>	<u>7</u>	<u>7</u>
	Total	100%	100%	100%
Sig=.02 (N)		(377)	(91)	(162)

4.2 Satisfaction with Ontario's Health Care System

When the general (adult) population of Hamilton-Wentworth was asked to rate the health care system in Ontario, more than 90% gave a positive evaluation with only 9% rating the system as fair or poor. See Table 4.8 below.

TABLE 4.8: SATISFACTION WITH ONTARIO'S HEALTH CARE SYSTEM

<u>Rating of Health Care System</u>	
Excellent	27%
Very Good	39%
Good	25%
Fair	7%
Poor	2%

Total	100%
	(N=624)

To explore the variation in ratings of the health care system, the same 12 demographic variables reported earlier were examined. Although 6 of these 12 variables were statistically significant in their relationships with self-reported health status, none were found to be significantly related to ratings of the health care system per se.

However, a clear relationship exists when a comparison is made between the ratings of an individual's personal health and that same person's rating of the health care system. Whereas only 9% of the general population rated Ontario's health care system as either fair or poor, one-quarter of the persons who reported their own health as fair or poor claim that the health care system is fair or poor. See Table 4.9 below.

TABLE 4.9: RATINGS OF PERSONAL HEALTH AND HEALTH CARE SYSTEM

		<u>Self-Reported Health Status</u>			
		<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair/Poor</u>
<u>Rating of Health Care System</u>					
	Excellent	34%	25%	22%	25%
	Very Good	40	48	35	21
	Good	22	20	34	29
	Fair/Poor	<u>4</u> - - - -	<u>7</u> - - - -	<u>10</u> - -	<u>25</u>
	Total	100%	100%	101%	100%
Sig<.001	(N)	(184)	(223)	(137)	(80)

Note: Percentages do not add to 100% due to rounding.

The findings illustrate that the percentage of residents rating Ontario's health care system as fair or poor tends to increase as the self-reported health status varies from excellent down through to fair or poor. Schematically, this relationship can be presented as follows:



4.3 Perceived Importance of Public Input to Planning Health Services

The residents in the survey were asked how important they thought it was to get the opinions of the general public when planning for health services for the population as a whole. Fully 93% of those who were interviewed felt it was either very important or somewhat important to do so. (See Table 4.10 on the following page)

TABLE 4.10: IMPORTANCE OF OBTAINING PUBLIC OPINION

Very Important	66.6%
Somewhat Important	26.8
Not Too Important	5.5
Not At All Important	<u>1.1</u>
Total	100.0%
	(N=622)

With such an overwhelming proportion of the population responding in the "socially acceptable" direction of stating that it is important to consult the public on these issues, it is not possible to compare or contrast, in a statistically meaningful way, the similarities or differences between those who feel it is important versus those who feel it is not important. (Either a more discriminating measure or a larger sample size would be helpful.)

With the existing measure of "importance", only 6.6% of the 622 residents who gave an answer to this question replied either "not too important" or "not at all important". As such, there are too few cases available for analysis in the "not too important" and "not at all important" categories - even when combined. However, it is useful to compare the characteristics of the two-thirds of the population who responded "very important", with the combined one-third who did not respond in this fashion (i.e., "somewhat important", "not too important", and "not at all important" form 33% of the sample when combined and collapsed into one grouping).

The 12 demographic/background variables were examined in relation to the "collapsed" measure of "importance". Residents who felt it was "very important" to get the opinions of the public when planning for health care services were disproportionately females, renters, and of lower educational levels. See Tables 4.11 to 4.13.

TABLE 4.11: IMPORTANCE OF PUBLIC INPUT AND GENDER

		<u>Gender</u>	
		<u>Male</u>	<u>Female</u>
<u>Importance of Public Input</u>	Very Important	61%	72%
	Not "Very Important"	<u>39</u>	<u>28</u>
	Total	100%	100%
Sig=.004	(N)	(304)	(318)

TABLE 4.12: IMPORTANCE OF PUBLIC INPUT AND HOME OWNERSHIP

<u>Importance of Public Input</u>		<u>Home Ownership</u>	
		<u>Own</u>	<u>Rent</u>
	Very Important	63%	76%
	Not "Very Important"	<u>37</u>	<u>24</u>
	Total	100%	100%
Sig=.002	(N)	(452)	(168)

TABLE 4.13: IMPORTANCE OF PUBLIC INPUT AND EDUCATION

<u>Importance of Public Input</u>	<u>Highest Level of Schooling</u>			
	<u>Some High School or Less</u>	<u>Graduated High School</u>	<u>Some College/University or Apprenticeship</u>	<u>College/University Graduate</u>
Very Important	72%	70%	69%	58%
Not "Very Important"	<u>28</u>	<u>30</u>	<u>31</u>	<u>42</u>
Total	100%	100%	100%	100%
Sig=.02 (N)	(141)	(174)	(111)	(192)

When the perceived importance of public input was examined in relation to an individual's rating of the health care system as a whole, a statistically significant relationship was found. Residents who rate the health care system in Ontario as either fair or poor disproportionately claim that it is very important to get the opinions of the public when planning for health services. See Table 4.14 on the following page.

**TABLE 4.14: RATING OF THE HEALTH CARE SYSTEM
AND IMPORTANCE OF OBTAINING PUBLIC INPUT**

	<u>Rating of Health Care System</u>			
	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair/Poor</u>
<u>Importance of Public Input</u>				
Very Important	65%	66%	63%	83%
Not "Very Important"	<u>35</u>	<u>34</u>	<u>37</u>	<u>17</u>
Total	100%	100%	100%	100%
Sig=.05 (N)	(167)	(243)	(152)	(54)

Schematically, this relationship can be presented as follows:



When the findings in Table 4.9 are coupled with the findings of Table 4.14, the following model can be proposed:



The evidence suggests that residents with fair or poor health disproportionately tend to rate the health care system as fair or poor and in turn they disproportionately tend to feel it is very important to get the opinions of the public when making planning decisions for health services. There was no statistically significant direct relationship between self-reported health status and perceived importance of public input.

The 93% of the sample who felt it was either very important or somewhat important to obtain public opinion, were asked a general open-ended question to solicit their thoughts regarding which areas or services it was important to get the opinions of the public. Of these 580 individuals, 20% had "no idea", were "not sure", "didn't know", or otherwise could not offer a suggestion. Another 27% simply replied "everything", "anything dealing with health", or "all" health related issues. The remaining 307 residents offered a total of 57 different and wide ranging suggestions. (See Appendix C for the coding manual relating to the "raw" responses to this question.)

An analysis of responses in this PILOT study proved valuable and suggested 5 themes which could be explored in future research. The number of cases available for analysis within each theme are too small to draw meaningful conclusions in this report. See Table 4.15 below.

TABLE 4.15: WHICH AREAS OR SERVICES ARE IMPORTANT FOR PUBLIC OPINION

	<u>First Response (Top of Mind)</u>	<u>Any Mention</u>
NEEDS: Services to provide/cutback	23%	25%
HOSPITAL ISSUES	19	25
FINANCIAL: Fees/Costs/Wages	19	18
SENIORS ISSUES	8	9
PROGRAM EVALUATION ISSUES	6	6
OTHER (<u>35 different responses</u>)	<u>25</u>	<u>17</u>
Total	100%	100%
(N)	(307)	(488)

4.4 Willingness of the Public to Participate in Planning Health Services

There are many different ways in which the public might be able to provide input to the planning process for health services. Three of these means of participation were presented to the residents in the survey, and they were asked how likely it would be that they would personally participate. As expected, the majority of respondents indicated they would likely answer a mail-in questionnaire; fewer indicated they would likely attend a community meeting; and even fewer stated they would likely join a committee or community group to discuss or advise on health matters. See Table 4.16 on following page.

TABLE 4.16: LIKELIHOOD TO PARTICIPATE IN HEALTH PLANNING

	<u>Modes of Participation</u>		
	<u>Answer a mail-in Questionnaire</u>	<u>Attend a Community Meeting</u>	<u>Join a Committee or Group</u>
<u>Likelihood to Participate</u>			
Very Likely	40%	10%	8%
Likely	32	26	21
Not Too Likely	20	45	47
Not At All Likely	<u>8</u>	<u>18</u>	<u>24</u>
Total	100%	99%	100%
(N)	(623)	(619)	(622)

Note: Percentages do not add to 100% due to rounding.

An "Index of Participation" was created by combining the responses to the 3 modes of participation. For each activity that an individual responded either "very likely" or "likely" to participate, a score of "one" was assigned. Conversely, a score of "zero" was assigned if the respondent replied either "not too likely" or "not at all likely". The "Index of Participation" is simply the sum of the scores across the modes of participation. As such, a total score of zero means an individual would be not likely to participate in any activity and a total score of three means an individual would be likely to participate in all three activities.

As expected, residents who felt it was very important to have public input in planning for health services disproportionately were more likely to participate in the planning process. See Table 4.17 on the following page.

TABLE 4.17: IMPORTANCE OF PUBLIC INPUT AND LIKELIHOOD TO PARTICIPATE

	<u>Likelihood to Participate</u>	<u>Importance of Public Input</u>	
		<u>Very Important</u>	<u>Not "Very Important"</u>
<u>Mail-In Questionnaire</u>	Likely	75%	68%
	Not Likely	<u>25</u>	<u>32</u>
Sig=.05	Total	100%	100%
	(N)	(411)	(204)
<u>Attend Meeting</u>	Likely	41%	30%
	Not Likely	<u>60</u>	<u>70</u>
Sig=.01	Total	101%	100%
	(N)	(407)	(204)
<u>Join Committee</u>	Likely	33%	22%
	Not Likely	<u>67</u>	<u>78</u>
Sig=.003	Total	100%	100%
	(N)	(411)	(203)
<u>Score on Index of Participation</u>	Three	22%	15%
	Two	24	15
	One	36	43
	Zero	<u>19</u>	<u>27</u>
Sig=.005	Total	101%	100%
	(N)	(402)	(195)

Note: Percentages do not add to 100% due to rounding.

The 12 demographic/background variables described earlier were examined in relation to the "Index of Participation". Females, college and university graduates and middle-aged individuals are most likely to be more actively involved in the planning process. See Tables 4.18 to 4.20 on the following pages.

TABLE 4.18: INDEX OF PARTICIPATION AND GENDER

		<u>Gender</u>	
		<u>Male</u>	<u>Female</u>
<u>Score on Index</u>	Three	15%	23%
<u>Participation</u>	Two	22	20
	One	38	39
	Zero	<u>26</u>	<u>18</u>
	Total	101%	100%
Sig=.02	(N)	(297)	(308)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.19: INDEX OF PARTICIPATION AND EDUCATION

		<u>Highest Level of Schooling</u>			
		<u>Some High School or Less</u>	<u>Graduated High School</u>	<u>Some College/University or Apprenticeship</u>	<u>College/University Graduate</u>
<u>Score on Index of Participation</u>	Three	18%	16%	9%	28%
	Two	16	17	25	24
	One	40	42	39	35
	Zero	<u>25</u>	<u>26</u>	<u>26</u>	<u>13</u>
Sig<.001	Total	99%	101%	99%	100%
	(N)	(142)	(164)	(107)	(189)

Note: Percentages do not add to 100% due to rounding.

TABLE 4.20: INDEX OF PARTICIPATION AND AGE

<u>Score on Index of Participation</u>	<u>Age Groupings</u>					
	<u>18 to 24 Years</u>	<u>25 to 34 Years</u>	<u>35 to 44 Years</u>	<u>45 to 54 Years</u>	<u>55 to 64 Years</u>	<u>65 Years Plus</u>
Three	14%	20%	24%	26%	17%	12%
Two	13	20	26	21	26	17
One	34	38	36	39	39	44
Zero	<u>39</u>	<u>23</u>	<u>14</u>	<u>14</u>	<u>19</u>	<u>27</u>
Total	100%	101%	100%	100%	101%	100%
Sig=.01 (N)	(56)	(159)	(127)	(89)	(65)	(107)

Although family structure was not found to be statistically significant in its relationship to the index of participation, members of single parent families were disproportionately more likely to attend community meetings and join committees (at statistically significant levels).

4.5 Sources of Health Care, Treatment and Information

The residents were asked who they talk with or where they go when they are concerned about their health. Fully 95% make an appointment to visit a doctor; almost two-thirds (63%) visit a hospital emergency room; less than half (40%) talk to a doctor over the phone; and only 19% visit a walk-in clinic. On the other hand, residents also get information without actually coming into direct contact with the health care system. For example, 71% talk to a family member, friend or neighbour and 62% get information from magazines, books or journals. See Table 4.21 on the following page.

TABLE 4.21: SOURCES OF HEALTH CARE, TREATMENT AND INFORMATION

	<u>Percentage of General Population</u>
Make an appointment to visit a doctor	95%
Talk to a family member, friend or neighbour	71%
Go to a hospital emergency room	63%
Get information from magazines, books or journals	62%
Talk to another health professional such as a nurse or a physiotherapist	44%
Talk to a doctor over the phone	40%
Go to a walk-in clinic	19%
Call one of the health departments or agencies	12%
Do something else	14%

Note: Two-thirds of the 89 persons who said they do something else were in the category of "self-help" such as exercise, diet, rest, home remedies etc. Another 16 of the 89, consulted professionals such as a specialist, druggist, counsellor, etc. However, the numbers are small and represent about 1% for each grouping and do not lend themselves to a meaningful statistical analysis. See Appendix C for the coding manual relating to the "raw" responses.

The 12 demographic/background variables were examined in relation to usage of the various sources for health care, treatment and information. The sub-groups with higher disproportionate usage of each source are listed the following page. (Only relationships which were found to be statistically significant at $<.05$ are reported.)

<u>Activity</u>	<u>Total Sample</u>	<u>Sub-Groups With Higher Disproportionate Usage</u>	
Visit doctor	95%	Females (97%)	
Talk to family/friend	71%	Age 18-24 (84%) Age 25-34 (80%) Age 35-44 (76%)	Family Size: Single person (77%) 4 or more persons (78%)
Visit Emergency Room	63%	Age 18-24 (72%) Age 35-44 (64%) Age 65 plus (64%)	
Read magazines/books/journals	62%	High literacy in English (64%) Some college or university education (70%) College or university graduate (71%)	
Talk to other health professionals	44%	Employed full-time (50%) College or university graduate (53%)	
Phone doctor	40%	Family composition: 1 person under age 18 (45%) 2 or more under age 18 (50%)	Females (44%)
Visit walk-in clinic	19%	Age 18-24 (26%) Age 25-34 (22%) Age 35-44 (28%)	Employed part-time (28%) Unemployed but looking for work (23%)
Phone health agency/department	14%	Age 18-24 (14%) Age 25-34 (16%) Age 35-44 (21%)	Family composition: 1 person under age 18 (17%) 2 or more under age 18 (17%)
Other	14%	(No statistically significant sub-groups)	

Note: Residents from Ancaster, Stoney Creek and Flamborough disproportionately reported higher usage of walk-in clinics (at statistically significant levels). However, the reader is cautioned that the sampling error is extremely high for these smaller communities.

4.6 Family Members as Care Givers

The residents were asked if they or someone else in their family had provided care for another family member during the past 2 weeks. In total, 19% responded "yes" with 84% of these families caring for one family member, and 16% caring for more than one.

Of those relatives who received "long-term" care, more than half (57%) were parents receiving care from their children. Conversely, of those relatives who received "short-term" care, almost half (48%) were children receiving care from their parents. See Table 4.22 on the following page.

TABLE 4.22: CARE RECEIVERS AND LENGTH OF CARE

	<u>Short-term</u>	<u>Medium-term</u>	<u>Long-term</u>
Grandchild	5%	0%	0%
Grandparent	5	13	7
Parent	22	31	57
Spouse	9	6	17
Child	48	38	7
Sibling	6	0	2
Other (niece/uncle, etc.)	<u>5</u>	<u>13</u>	<u>10</u>
Total	100%	101%	100%
Sig=.001 (N)	(64)	(16)	(42)

The respondents were asked if they had personally received care from other family members in the past 2 weeks. Whereas only 39 persons (6%) indicated they were care receivers, the numbers are too small to undertake a meaningful statistical analysis in this report. Of these 39 persons, almost half of their care givers (47%) were spouses of the respondent.

Summary

For a summary of the findings, see the Executive Summary.

**5.0 DEPARTMENT OF SOCIAL SERVICES:
REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH**

5.0 DEPARTMENT OF SOCIAL SERVICES: REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

Through the COMMUNITY MONITOR, the Social Planning and Research Council was able to explore three general themes with the general population on behalf of the Department of Social Services for the Regional Municipality of Hamilton-Wentworth:

1. Shelter Costs (Q.73)
2. Impact of the Recession (Q.61-62)
3. Usage of Social Services (Q.13-14)
4. Perceived Important Social Services (Q.12)

5.1 Family Income and Shelter Costs

The residents in the survey were asked to report their total family income as well as their monthly shelter costs. Shelter costs are defined as the total amount including rent, mortgage, property taxes, heat, hydro, water and gas. As expected, there is a clear relationship between family income and shelter costs. Whereas only 4% of those families with an income of less than \$20,000 per year pay \$1,000 or more per month for shelter cost, fully 60% of those families with an annual income of \$70,000 or more pay the same amount for shelter. Conversely, 34% of the families in the lowest income bracket pay less than \$400 per month for shelter and only 6% of families in the highest income bracket pay the same amount for shelter. See Table 5.1.

TABLE 5.1: TOTAL FAMILY INCOME AND SHELTER COSTS

	<u>Total Family Income</u>						
	Less than \$20,000 but \$30,000 but \$40,000 but \$50,000 but \$60,000 but \$70,000 or more						
	<u>\$20,000</u>	<u>< \$30,000</u>	<u>< \$40,000</u>	<u>< \$50,000</u>	<u>< \$60,000</u>	<u>< \$70,000</u>	<u>or more</u>
<u>Monthly Shelter Costs</u>							
Less than \$200	4%	2%	1%	0%	0%	0%	0%
\$200 but < \$400	30	16	9	9	12	2	6
\$400 but < \$600	30	35	29	17	19	23	15
\$600 but < \$800	27	22	21	16	21	19	11
\$800 but < \$1,000	6	9	15	16	5	12	9
\$1,000 but < \$1,200	3	5	9	21	19	12	6
\$1,200 but < \$1,400	0	5	8	9	12	7	21
\$1,400 or more	<u>1</u>	<u>6</u>	<u>7</u>	<u>12</u>	<u>11</u>	<u>26</u>	<u>33</u>
Total	101%	100%	99%	100%	99%	101%	101%
Sig<.001 (N)	(98)	(86)	(96)	(76)	(57)	(43)	(88)

Note: Percentages do not add to 100% due to rounding.

As one might naturally expect, families with higher incomes disproportionately tend to be home-owners, and families with lower incomes tend to be renters. See Table 5.2.

TABLE 5.2: TOTAL FAMILY INCOME AND OWNING RENTING

	<u>Total Family Income</u>						
	<u>Less than \$20,000</u>	<u>\$20,000 but < \$30,000</u>	<u>\$30,000 but < \$40,000</u>	<u>\$40,000 but < \$50,000</u>	<u>\$50,000 but < \$60,000</u>	<u>\$60,000 but < \$70,000</u>	<u>\$70,000 or more</u>
<u>Renters</u>	65%	51%	26%	17%	7%	9%	1%
<u>Owners</u>	<u>35</u>	<u>49</u>	<u>74</u>	<u>83</u>	<u>93</u>	<u>91</u>	<u>99</u>
<u>Total</u>	100%	100%	100%	100%	100%	100%	100%
Sig<.001 (N)	(101)	(90)	(104)	(78)	(61)	(45)	(91)

Within the home-owner group itself, there is a clear relationship between income and shelter costs, i.e. home-owners with higher incomes disproportionately pay more for their shelter costs and home-owners with lower incomes disproportionately pay less for their shelter costs. See Table 5.3. Although a similar type of relationship exists within the renter group, very few renters in our sample reported high incomes or high shelter costs. See Table 5.4. On the other hand, home-owners disproportionately pay more for their shelter costs. See Table 5.5.

TABLE 5.3: TOTAL FAMILY INCOME AND SHELTER COSTS - HOME-OWNERS ONLY

	<u>Total Family Income</u>						
	<u>Less than \$20,000</u>	<u>\$20,000 but < \$30,000</u>	<u>\$30,000 but < \$40,000</u>	<u>\$40,000 but < \$50,000</u>	<u>\$50,000 but < \$60,000</u>	<u>\$60,000 but < \$70,000</u>	<u>\$70,000 or more</u>
<u>Monthly Shelter Costs</u>							
Less than \$200	3%	3%	1%	0%	0%	0%	0%
\$200 but < \$400	38	23	13	10	13	3	6
\$400 but < \$600	35	25	20	16	21	21	15
\$600 but < \$800	15	18	16	13	15	18	12
\$800 but < \$1,000	0	5	17	16	6	10	9
\$1,000 but < \$1,200	6	8	11	24	21	13	5
\$1,200 but < \$1,400	0	8	11	8	13	8	21
\$1,400 or more	<u>3</u>	<u>13</u>	<u>10</u>	<u>14</u>	<u>11</u>	<u>28</u>	<u>33</u>
<u>Total</u>	100%	103%	99%	101%	100%	101%	101%
Sig<.001 (N)	(34)	(40)	(70)	(63)	(53)	(39)	(87)

Note: Percentages do not add to 100% due to rounding.

TABLE 5.4: TOTAL FAMILY INCOME AND SHELTER COSTS - RENTERS ONLY

<u>Monthly Shelter Costs</u>	<u>Total Family Income</u>						
	Less than \$20,000 but \$30,000 but \$40,000 but \$50,000 but \$60,000 but \$70,000						
	<u>\$20,000</u>	<u>< \$30,000</u>	<u>< \$40,000</u>	<u>< \$50,000</u>	<u>< \$60,000</u>	<u>< \$70,000</u>	<u>or more</u>
Less than \$200	5%	2%	0%	0%	0%	0%	0%
\$200 but < \$400	25	11	0	8	0	0	0
\$400 but < \$600	27	44	54	23	0	50	0
\$600 but < \$800	33	26	35	31	100	25	0
\$800 but < \$1,000	9	13	8	15	0	25	0
\$1,000 but < \$1,200	2	2	4	8	0	0	100
\$1,200 but < \$1,400	0	2	0	15	0	0	0
\$1,400 or more	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total	101%	100%	101%	100%	100%	100%	100%
Sig<.001 (N)	(64)	(46)	(26)	(13)	(4)	(4)	(1)

Note: Percentages do not add to 100% due to rounding.

TABLE 5.5: SHELTER COSTS FOR RENTERS AND OWNERS

<u>Monthly Shelter Costs</u>	<u>Home Ownership</u>	
	<u>Renters</u>	<u>Owners</u>
Less than \$200	2%	1%
\$200 but < \$400	13	13
\$400 but < \$600	34	21
\$600 but < \$800	34	15
\$800 but < \$1,000	11	40
\$1,000 but < \$1,200	3	13
\$1,200 but < \$1,400	2	11
\$1,400 or more	<u>0</u>	<u>17</u>
Total	99%	100%
Sig<.001 (N)	(166)	(406)

Note: Percentages do not add to 100% due to rounding.

5.2 Impact of the Recession

The residents of Hamilton-Wentworth were asked if they or their family (living in the same household) had been affected by the recession in any way. Fully 61% replied "yes" and only 39% replied "no".

A total of eleven demographic, background, and socio-economic variables were examined to develop a profile of those families which had been affected by the recession. The age of the respondent as well as the respondent's employment status were found to be related to the recession question in a statistically significant manner. The respondent's home language, educational level, gender, and family size, as well as family income, owning/renting, municipality of residence, number of children under age 18 living at home, and single parent or lone parent families, were all found to be not statistically significant in their relationship to the recession question.

Residents who were employed part-time and those who were unemployed but looking for work disproportionately reported that their families had been affected by the recession. Fully 88% of the respondents who were unemployed and looking for work at the time of the interview stated that their family was being affected by the recession. See Table 5.6.

TABLE 5.6: RECESSION IMPACT AND EMPLOYMENT STATUS

		<u>Employment Status</u>				
		<u>Employed Full-Time</u>	<u>Employed Part-Time</u>	<u>Unemployed But Looking</u>	<u>Unemployed Not Looking</u>	<u>Full-Time Homemaker</u>
<u>Family Affected by Recession</u>						
	Yes	61%	71%	88%	48%	55%
	No	<u>39</u>	<u>30</u>	<u>13</u>	<u>52</u>	<u>45</u>
	Total	100%	101%	101%	100%	100%
Sig<.001	(N)	(290)	(78)	(56)	(143)	(58)

Note: Percentages do not add to 100% due to rounding.

Residents in the middle-age groupings disproportionately reported that their families had been affected by the recession in some way. Two-thirds of those aged 35-44 and three-quarters of those aged 45-54 reported that their families had been affected. See Table 5.7.

TABLE 5.7: RECESSION IMPACT AND AGE

<u>Family Affected by Recession</u>	<u>Age Groupings</u>					
	<u>18 to 24 Years</u>	<u>25 to 34 Years</u>	<u>35 to 44 Years</u>	<u>45 to 54 Years</u>	<u>55 to 64 Years</u>	<u>65 Years Plus</u>
Yes	63%	61%	67%	75%	61%	41%
No	<u>38</u>	<u>40</u>	<u>33</u>	<u>25</u>	<u>39</u>	<u>59</u>
Total	101%	101%	100%	100%	100%	100%
Sig<.001 (N)	(56)	(162)	(134)	(92)	(69)	(110)

Note: Percentages do not add to 100% due to rounding.

Although not statistically significant, the findings for owning/renting and the recession question are presented at the request of the Regional Department of Social Services. Both renters and owners appear to be equally affected. See Table 5.8.

TABLE 5.8: RECESSION IMPACT AND RENT/OWN

<u>Family Impacted by Recession</u>	<u>Home Ownership</u>	
	<u>Rent</u>	<u>Own</u>
Yes	61%	61%
No	<u>39</u>	<u>39</u>
Total	100%	100%
Sig<.001 (N)	(170)	(453)

Those respondents who said "yes" that they or their family had been affected by the recession were asked in what way they had been affected. Although the respondents were permitted to offer more than one answer, only the first ("top of mind") response was coded. See Appendix C for the coding manual relating to the "raw" answers given to this question. The 24 different types of answers listed in the coding manual have been collapsed into 7 categories and are listed in Table 5.9. The numbers in parentheses in Table 5.9 refer to the 24 codes listed in the coding manual.

TABLE 5.9: EFFECTS THE RECESSION HAS HAD ON RESPONDENTS AND/OR THEIR FAMILIES

<u>Frequency</u>	<u>How affected by the Recession?</u>
109	A. <u>Watch money more and cut back on spending because income is not rising.*</u> Other verbatim answers included can't travel, no vacation, can't buy a new car, spending less, less disposable income, income not gone up with cost of living, Mothers' Allowance not gone up, wages don't go up but everything else does, prices gone up but income didn't. (06,20)
82	B. <u>Reduction in job and/or reduction in pay/income.**</u> Other verbatim examples included laid-off temporarily, short-term lay-off, laid-off specified number of days per year, working only part-time now not full-time, hours cut back, reduced income, pay cut, expecting growth but it didn't happen, income depends on interest rates which have fallen. (02,03,08,10,11,14)
82	C. <u>Family member specifically mentioned.</u> Examples included family member(s) unemployed/lost job, family member looking for work. (05)
69	D. <u>Lost job.</u> Other verbatim examples included laid off permanently, plant closed down, no job, went bankrupt. (01,15)
12	E. <u>Threat of lay-off and/or reduced job security.</u> (04,07)
6	F. <u>Took early retirement.</u> (09)
17	G. <u>Other effects.***mentioned</u> by respondents included reduced property values, can't sell home at present market values, reduction in charitable contributions, being demoted, disability exemption for gas 15% doesn't touch the costs to my family, increased expenses in child's education, returned to school because no job available, loss of home/apartment, no child support, cut down because of change of employment. (12,13,16,17,18,19,21,22,24)

* This category does not include responses which actually included a reduction in income. Rather, the implication is that income is staying the same.

** This includes employment-related income as well as income related to seniors' investments.

*** Each of these response frequencies was 4 respondents or less.

Notes: Number of people for whom the question was not applicable because they said "no" to Q.61=250.
Number of people who said "don't know" = 3.

At the request of the Department of Regional Social Services, the 7 categories listed in Table 5.9 were further collapsed into 3 categories and analyzed in relation to owning/renting. See Tables 5.10 and 5.11.

TABLE 5.10: EFFECTS OF THE RECESSION: COMBINED

<u>Frequencies</u>	<u>Effects</u>	<u>Category</u>
109	Need to Watch Money More	A
151	Reduction in Employment/Income	B + D
117	All Other Effects	C + E + F + G

Renters disproportionately reported "reduction in jobs" or "lost jobs" or "reduced income". Home-owners, on the other hand, disproportionately reported a "need to watch money more because income was not rising". However, the reader is cautioned that the findings are not statistically significant.

TABLE 5.11: EFFECTS OF RECESSION AND RENT/OWN

<u>Effects of Recession</u>	<u>Home Ownership</u>	
	<u>Rent</u>	<u>Own</u>
Need to watch money/ Income not rising	23%	31%
Reduction in employment/ income and lost job	48	37
All Other	<u>29</u>	<u>32</u>
Total	100%	100%
Sig=.147 (N)	(100)	(276)

5.3 Usage of Social Service

One out of every four residents in Hamilton-Wentworth reported that either they or someone else in their family had used one of the social services within the past 12 months. See Table 5.12.

TABLE 5.12: USAGE OF SOCIAL SERVICES

<u>Used Social Service During Past Year?</u>	
Yes	26%
No	<u>74</u>
Total	100%
(N)	(629)

The eleven background, demographic, and socio-economic variables described earlier were examined in relation to usage of social services. Statistically significant relationships were found between usage of social services and employment status and gender of respondent, as well as family income, owning/renting, and family structure (lone parent families).

More than half (54%) of the residents who were unemployed but looking for work reported that either they or someone else in their family had used one of the social services in the past 12 months. Homemakers (29%) and those employed part-time (28%) also disproportionately reported the use of social services. See Table 5.13.

TABLE 5.13: USAGE OF SOCIAL SERVICES AND EMPLOYMENT STATUS

<u>Usage of Social Service</u>	<u>Employment Status</u>				
	<u>Employed Full-Time</u>	<u>Employed Part-Time</u>	<u>Unemployed But Looking</u>	<u>Unemployed Not Looking</u>	<u>Full-Time Homemaker</u>
Yes	20%	28%	54%	26%	29%
No	<u>80</u>	<u>72</u>	<u>46</u>	<u>75</u>	<u>71</u>
Total	100%	100%	100%	101%	100%
Sig<.001 (N)	(292)	(78)	(56)	(145)	(58)

Note: Percentages do not add to 100% due to rounding.

Single/Lone Parent families in Hamilton-Wentworth (55%) disproportionately reported usage of social services. This is more than double the percentage of non-Lone Parent families utilizing such services. See Table 5.14.

TABLE 5.14: USAGE OF SOCIAL SERVICES AND FAMILY STRUCTURE

<u>Usage of Social Service</u>	<u>Family Structure</u>	
	<u>Lone Parent Families</u>	<u>Non-Lone Parent Families</u>
Yes	55%	23%
No	<u>45</u>	<u>77</u>
Total	100%	100%
Sig=.001 (N)	(58)	(570)

Note: Percentages do not add to 100% due to rounding.

As expected, families in the lowest income brackets disproportionately had made use of social services. More than half of the families (55%) with total incomes of less than \$20,000 per year have made use of one of the social services in the past year. In addition, 28% of the families with an income of \$20,000 but less than \$30,000 have done so. See Table 5.15.

TABLE 5.15: USAGE OF SOCIAL SERVICES AND FAMILY INCOME

<u>Usage of Social Services</u>	<u>Total Family Income</u>						
	Less than \$20,000	\$20,000 but \$30,000	\$30,000 but \$40,000	\$40,000 but \$50,000	\$50,000 but \$60,000	\$60,000 but \$70,000	\$70,000 or more
	<u>\$20,000</u>	<u>< \$30,000</u>	<u>< \$40,000</u>	<u>< \$50,000</u>	<u>< \$60,000</u>	<u>< \$70,000</u>	<u>or more</u>
Yes	55%	28%	23%	18%	23%	22%	11%
No	<u>45</u>	<u>72</u>	<u>77</u>	<u>82</u>	<u>77</u>	<u>78</u>	<u>89</u>
Total	100%	100%	100%	100%	100%	100%	100%
Sig=.001 (N)	(101)	(90)	(104)	(78)	(61)	(45)	(91)

More than twice as many renters (45%) as compared to owners (19%) have used one of the social services in the past 12 months. See Table 5.16.

TABLE 5.16: USAGE OF SOCIAL SERVICES AND HOME OWNERSHIP

<u>Usage of Social Service</u>	<u>Home Ownership</u>	
	<u>Rent</u>	<u>Own</u>
Yes	45%	19%
No	<u>55</u>	<u>81</u>
Total	100%	100%
Sig=.001 (N)	(172)	(455)

Females (30%) were disproportionately more likely to report usage of social services by their families than males (22%). See Table 5.17.

TABLE 5.17: USAGE OF SOCIAL SERVICES AND GENDER

<u>Usage of Social Service</u>	<u>Gender</u>	
	<u>Male</u>	<u>Female</u>
Yes	22%	30%
No	<u>78</u>	<u>70</u>
Total	100%	100%
Sig=.04 (N)	(309)	(320)

Table 5.18 presents a summary profile of families living within Hamilton-Wentworth who have used one of the social services in the past 12 months.

TABLE 5.18: SUMMARY PROFILE OF SOCIAL SERVICE USAGE

Sub-Groups With Higher Disproportionate Usage

28%	Employed Part-Time
54%	Unemployed but Looking For Work
29%	Homemakers
55%	Lone Parent Families
55%	Income <\$20,000 per year
28%	Income \$20,000 but <\$30,000
45%	Renters
30%	Females
<u>30%</u>	Affected by the Recession
26%	Total Sample

Note: The following variables were not statistically significant in their relationships to usage of social services: home language, education level, age, family size, number of persons under age 18 at home, and, Municipality.

As reported earlier, 61% of the residents interviewed in Hamilton-Wentworth reported that they or someone else in their family had been affected by the recession.

The findings in this survey illustrate that families who are affected by the recession disproportionately tend to make use of social services; almost one-third (30%) of those families who have been affected by the recession have also made use of one of the social services. See Table 5.19.

TABLE 5.19: USAGE OF SOCIAL SERVICES AND RECESSION IMPACT

		<u>Family Affected by Recession</u>	
<u>Usage of Social Service</u>		<u>Yes</u>	<u>No</u>
Yes		30%	21%
No		<u>70</u>	<u>80</u>
Total		100%	101%
Sig=.013 (N)		(380)	(244)

Note: Percentages do not add to 100% due to rounding.

The residents who had been affected by the recession, as described earlier, were asked in what way they had been affected. The seven categories listed earlier in Table 5.9 were explored in their relation to usage of the social service system.

Residents who had been affected by the recession and who had utilized one of the social services disproportionately reported that they had been affected by the recession through losing a job, being laid off permanently, a plant closure etc. See Table 5.20.

TABLE 5.20: HOW AFFECTED BY RECESSION AND USAGE OF SOCIAL SERVICE

<u>How Affected by the Recession</u>	<u>Usage of Social Service</u>		
	<u>Yes</u>	<u>No</u>	<u>(N)</u>
A. Watch Money More	20%	32%	(108)
B. Reduction in Employment/Income	19	23	(82)
C. Specific Family Member Unemployed	23	21	(82)
D. Lost Job/Permanently Laid Off	28	14	(69)
E. Threat of Job Loss	4	3	(12)
F. Early Retirement	1	2	(6)
G. Other	<u>6</u>	<u>4</u>	<u>(17)</u>
Total	101%	99%	
Sig=.033 (N)	(110)	(266)	(376)

Note: Percentages do not add to 100% due to rounding.

The three "collapsed" and "combined" categories of effects of the recession as described in Table 5.10 were also examined in their relation to usage of the social service system at the request of the Department of Social Services.

Almost half of the families (47%), who were affected by the recession, and who have utilized social services in the past 12 months, reported they had been affected through a reduction in employment, job loss, or reduction in income. See Table 5.21.

TABLE 5.21: EFFECTS OF RECESSION AND USAGE OF SOCIAL SERVICES

<u>Effects of Recession</u>	<u>Usage of Social Service</u>		
	<u>Yes</u>	<u>No</u>	<u>(N)</u>
Need to Watch Money/Income Not Rising	20%	32%	(108)
Reduction in Employment/Income or Job Loss	47	37	(151)
All Other	<u>33</u>	<u>31</u>	<u>(117)</u>
Total	100%	100%	
Sig=.045 (N)	(110)	(266)	(376)

Each of the residents who replied that either they or someone else in their family had used one of the social services in past 12 months, was asked which service was used. The respondents were permitted to offer more than one answer and the first three responses were coded. However, the vast majority gave only one answer, a few gave two answers, and even fewer gave three answers. See Appendix C for the coding manual relating to the "raw" answers given to this question. The frequencies listed in the coding manual and the frequencies listed in Table 5.22 represent the combined answers (up to three each) for every respondent. The 40 different types of services mentioned have been collapsed into eight major social service categories. The frequency of responses for each category is presented in Table 5.22.

TABLE 5.22: SOCIAL SERVICES USED IN PAST 12 MONTHS

<u>Frequency</u>	<u>Social Service Category</u>
102	<u>Income assistance and accompanying benefits such as dental coverage and child care subsidies.</u> Other verbatim examples include welfare, student welfare, unemployment insurance, parental leave, family benefits, mothers' allowance, FBA, short-term financial assistance, dental benefits, day care subsidy, Canada Pension Plan, G.A.I.N.S., Old Age Pension.
39	<u>Home care services*</u> including meals on wheels, homemaker, VON, visiting nurse, public health nurse, visiting therapist, respite care.
16	<u>Health services</u> including pre-natal education, extended health care benefits, hospital, medicare/OHIP, out-patient therapy, St. John's Ambulance, new health centre at King and Centennial Parkway.
6	<u>Children and youth/adolescent services</u> including drop-in centres for children/parents/adolescents, children with disabilities.
6	<u>General counselling</u> and in-take social workers.
5	<u>Transportation, DARTS.</u>
4	<u>Support groups</u>
19	<u>Other social services**</u> including help finding job, JOBS ONTARIO, group home for schizophrenics, Big Brothers, Red Cross, nursing home placement, family services, Hamilton Help Centre, Multiple Sclerosis Society, continuing education, provincial services, Cancer Society, Salvation Army, Hearing Society, marriage counselling service, legal aid.
466	<u>Not applicable</u>

* It is difficult to separate out health care services which were part of the home/community support category. The health category is set aside for more hospital-, medicare-, OHIP-oriented responses.

** Each item listed here had a frequency of 2 or less.

Notes: Number of people who refused = 1
Number of people who said "don't know" = 4
Number of people who gave a non-social service response = 4

At the request of the Regional Social Service Department, the 151 respondents who were affected by the recession through a reduction in employment/income or job loss were examined to determine their usage of income assistance programs with accompanying benefits. Table 5.23 summarizes some of the findings relevant to this discussion of recession effects and social assistance.

TABLE 5.23: RECESSION EFFECTS AND SOCIAL ASSISTANCE

<u>Response Frequency</u>	
381	Affected by Recession ("yes" to Question #61)
151	Affected through reduction in employment/income or job loss (see Table 5.20 -- B + D)
164	Used a Social Service ("yes" to Question #13)
102	Used income assistance and benefits (Table 5.22)
113	Affected by Recession <u>AND</u> Used any Social Service (Table 5.19)
52	Affected through reduction <u>AND</u> Used any Social Service (Table 5.21) in employment/income or through job loss.
49	Affected through reduction <u>AND</u> First Mention (Top of Mind) of <u>any</u> in employment/income Social Service Usage (Table 5.24) or through job loss.

The findings in Table 5.24 represent the first mention or "top of mind" response when asked which social services had been used. In fact, 80% of the 49 residents who reported being affected by the recession through a reduction in employment/income or job loss, and had also reported using a social service, had indeed made use of an income assistance program and accompanying benefits, as opposed to another type of service.

TABLE 5.24: EMPLOYMENT/INCOME LOSS AND USE OF SOCIAL SERVICE

<u>Usage of Social Services</u>	<u>Affected by Recession</u>	
	<u>Through reduction in employment/ Income or Job Loss</u>	<u>Through other Means</u>
Income Assistance	80%	49%
Other Services	<u>20</u>	<u>51</u>
Total	100%	100%
Sig=.002 (N=106)	(49)	(57)

5.4 Perceived Important Social Services

When asked what are the most important social services that need to be available in Hamilton-Wentworth, 84% of the residents mentioned at least one service; 44% offered two suggestions; and, 16% gave three responses. Up to three responses were coded for each resident. 15% replied "don't know", "not sure" or "no idea", and less than 1% said that "all" or "none" were important.

As many as 60 different suggestions were mentioned. These suggestions were analyzed and 17 categories were developed by collapsing similar types of responses into single categories. See Appendix C for the coding manual relating to the "raw" responses to this question.

Table 5.25 presents the total frequency of responses for each category regardless whether the respondent offered the suggestion first, second, or third. Table 5.26 presents the percentage breakdown for the respondents' first (top-of-mind) response only. The numbers in parentheses refer to the 60 codes listed in the coding manual.

TABLE 5.25: MOST IMPORTANT SOCIAL SERVICES--COMBINING UP TO 3 RESPONSES PER RESIDENT

Frequency of Response

Total Sample*	Renters Only	Owners Only	Social Service Category
8	52	146	1. <u>Income assistance and accompanying benefits like dental coverage and child care subsidies.</u> Other verbatim examples include welfare, unemployment insurance, social assistance, family benefits, mothers allowance, FBA, short-term financial assistance, dental and drug benefits for welfare recipients (04,05,36,39,42,45)
4	23	71	2. <u>Children's services</u> including general support, well-being, psychological care for children, assessments for developmentally delayed children, special needs, kids' help phone, day care, children's aid (6,13,41)
2	16	76	3. <u>Services for seniors</u> including education, seniors day care, nursing homes. (01,14,31)
1	38	53	4. <u>Food, shelter and clothing.</u> Other verbatim examples include low cost housing, affordable housing, rent control, help for homeless, food banks, soup kitchens, clothing. (08,10,22,23)
0	20	60	5. <u>Health services</u> including health counselling, family planning and birth education, clinics, hospitals emergency services, rehabilitation, OHIP. (17,20,26)
1	13	38	6. <u>Employment-oriented assistance</u> including re-training programs, help finding jobs, generate work economic development, JOBS ONTARIO, assistance to entrepreneurs. (12,16,29,44)
	12	35	7. <u>Services for women and children affected by family violence</u> including spouse abuse, crisis centre shelters, housing, counselling for battered children. (7,15)
3	12	31	8. <u>Services for people with disabilities</u> (2,9,52)
6	9	27	9. <u>Too much support for unemployed.</u> Verbatim examples include get people off welfare - counselling monitor people on welfare, make them work. (11,18,33)
1	6	25	10. <u>Home care services</u> including meals on wheels, visiting homemaker, COMCARE, VON. (24,51)
8	5	13	11. <u>Youth/adolescent services</u> including teen pregnancy, counselling, drop-in centres, help street kids Brennan House. (19,25)
7	5	13	12. <u>General life skills services</u> including general education (on budgeting, drug abuse, sex), financial counselling. (34,35,37)
5	4	11	13. <u>Schools</u> (elementary, secondary and post-secondary). (43)
3	4	9	14. <u>Services for single parents</u> including day care, education. (27)
1	2	9	15. <u>Transportation,</u> DARTS. (38)
9	6	23	16. <u>Other social services**</u> including drug counselling, general counselling, support groups, social workers workers' compensation, community services spend money in communities not overseas, Red Cross federal services for health care and child support, Salvation Army, marital counselling (have to wait forever or need a doctor's referral), Alcoholics Anonymous, legal help for young offenders, services for immigrants and refugees. (03,21,30,32,46,50,53,56,57,62,63)
4	4	29	17. <u>Other non-social services</u> mentioned included police, garbage collection, sewers, roads, snow removal fire department, playgrounds, parks, pools, recreation. (40,47,48,49,54,55)

tes for Table 5.25

These frequencies do not add to 630, which is the sample size, because respondents were permitted more than one answer.

Each item listed here had a frequency of 8 or less.

Number of people who refused to answer = 1

Number of people who said "all social services" = 4

Number of people who said "none" = 2

Number of people who said "don't know" = 96

One respondent refused to answer the "own/rent" question and

One respondent "wasn't sure" on the "own/rent" question.

TABLE 5.26: MOST IMPORTANT SOCIAL SERVICE--FIRST RESPONSE ONLY

Frequency of Response

<u>Total</u>	<u>Renters</u>	<u>Owners</u>	<u>Social Service Category</u>
<u>Sample</u>	<u>Only</u>	<u>Only</u>	
24%	25%	24%	1. <u>Income assistance and accompanying benefits like dental coverage and child care subsidies</u>
12	11	13	2. <u>Children's services</u>
11	7	13	3. <u>Services for seniors</u>
10	9	10	5. <u>Health services</u>
9	16	7	4. <u>Food, shelter and clothing</u>
5	5	5	6. <u>Employment-oriented assistance</u>
5	4	5	7. <u>Services for women and children affected by family violence</u>
4	4	4	10. <u>Homecare services</u>
4	4	4	9. <u>Too much support for unemployed</u>
3	4	3	8. <u>Services for people with disabilities</u>
2	3	1	11. <u>Youth/adolescent services</u>
2	2	1	12. <u>General life skills services</u>
2	1	2	15. <u>Transportation, DARTS</u>
2	1	2	13. <u>Schools</u> (elementary, secondary and post-secondary)
1	2	1	14. <u>Services for single parents</u>
3	1	3	16. <u>Other social services</u>
<u>2</u>	<u>1</u>	<u>3</u>	17. <u>Other non-social services</u> mentioned included police, garbage collection, etc.
101%	100%	101%	Total
(525)	(141)	(384)	(N)
Sig=.202	Note: Percentages do not add to 100% due to rounding.		

**6.0 DEPARTMENT OF PUBLIC HEALTH SERVICES
REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH**

6.0 DEPARTMENT OF PUBLIC HEALTH SERVICES REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

The questionnaire (see Appendix A) included a question on public health as follows: "Thinking now about public health services rather than social services, what do you think are the most important Public Health Services that need to be available in Hamilton-Wentworth? (public health service = service to promote health or prevent disease)."

The responses to this question were assigned to program titles of the Ministry's Mandatory Programs and Services Guidelines for public health. The other responses were given codes. Also, all services mentioned were coded even when a respondent reported more than one service. There were 876 responses.

The following Table summarizes the results. A large number of respondents did not know what to answer (16.9%). However, of those who did answer, the Mandatory Programs were all mentioned. Hospitals and physicians were also frequently mentioned.

**TABLE 6.1: FREQUENCY OF RESPONSES TO COMMUNITY MONITOR QUESTION
REGARDING MOST IMPORTANT PUBLIC HEALTH SERVICE**

<u>Mandatory Program/Description</u>	<u>Freq.</u>	<u>Percent</u>
Did not know	148	16.9
Hospitals	116	13.2
Physicians	62	7.1
Other	60	6.8
STDs	59	6.7
VON, home care, Meals on Wheels, respite care	56	6.4
Healthy children	48	5.5
Healthy elderly	43	4.9
Emergency response	42	4.8
Reproductive health	42	4.8
Sexual health	36	4.1
Primary care facility	26	3.0
Dental services	19	2.2
Public health nurses	17	1.9
Non-communicable disease invest.	15	1.7
Substance abuse prevention	14	1.6
All health services important	12	1.4
Food safety	11	1.2
Mental health services	9	1.0
Vaccine preventable diseases	9	1.0
Transportation services	6	0.7
Healthy adults	6	0.7
Nutrition promotion	4	0.5
Physical activity promotion	4	0.5
Healthy adults	2	0.2
Tobacco use prevention	2	0.2
Infection control in institutions	1	0.1
TB control	0	0
Outbreak control	7	0.8
Water quality	0	0
Rabies control	0	0
	<hr/> 876	<hr/> 100.0

**7.0 SOCIAL PLANNING AND RESEARCH COUNCIL
OF HAMILTON AND DISTRICT:
SPENDING PRIORITIES**

7.0 SOCIAL PLANNING AND RESEARCH COUNCIL OF HAMILTON AND DISTRICT: SPENDING PRIORITIES

The results of the SPRC's first Community Monitor Survey suggest that there is little public support for funding reductions in any of the services areas of the Regional Municipality of Hamilton-Wentworth. The May 1993 telephone survey of a random sample of 630 residents aged 18 years and over included the following item -

"There has been a lot in the news lately about the Regional Budget in Hamilton-Wentworth. I am going to read you a list of services and I want you to tell me if the amount of money the Regional Government spends on these services should increase, decrease or stay the same. Please keep in mind that spending in one area means either reduced in other areas and/or increased taxes."

As indicated in Table 7.1, the largest proportion of respondents favoured increases in spending on the environment (54%) and policing (52%). Only 5% and 4%, respectively, favoured funding reductions in these areas.

The respondents were more likely to favour increased spending on public health (40.5%) than on social services (27.9%). In both cases, almost half of the respondents (49%) believed that spending should "stay the same".

In the area of economic development initiatives, opinions were similarly divided. Supporting the growth of local businesses appeared to be more popular than initiatives designed to attract foreign companies. Although the proportion of respondents favouring increases in these areas were somewhat similar (43% and 40%, respectively), almost twice as many respondents favoured decreased funding for "attracting foreign companies". Increased spending on tourism promotion was only supported by 21% of the respondents while 51% felt spending in this area should stay the same.

With respect to public works, 39% believed spending on paving/repairing roads should increase while the largest group (48%) felt it should stay the same.

There was very little support for increasing or decreasing spending on public transit (12%) with a large majority (68%), favouring the "stay the same" option.

Gender Differences (Table 7.2)

Females were significantly less likely to support increased spending on public transit, tourism and attracting foreign companies. They were more likely, however, to support increased spending on the environment and public health. With respect to support for local businesses, females were significantly more likely to support existing levels of spending and less likely to favour decreases.

Age Differences (Table 7.3)

Support for increased spending on the environment tended to decrease with age. Persons in the 18 to 44 age group showed the strongest support for increases while persons over 45 showed the least support.

The 45 and over group was significantly more likely to support increased spending on roads and tourism.

Family Income (Table 7.4)

Persons at the lower end of the income scale were most likely to favour increases in public health and social service expenditures. Persons with a family income in excess of \$70,000 were, by contrast, least likely to support increases in these areas.

There were also statistically significant relationships between income and economic development spending but the relationship was less linear. With respect to support for local business, the highest levels of support for increased expenditures were at the low end of the income scale (-\$20,000) and among the \$40,000 to \$49,999 income group. The lowest levels of support were in the \$20,000 to \$39,999 group. The latter group was significantly more likely to support increased spending on attracting foreign business.

TABLE 7.1: REGIONAL SPENDING PRIORITIES

		<u>Increase</u>	<u>Decrease</u>	<u>Stay the Same</u>	<u>Don't Know</u>
Environment	#	341	32	209	45
	%	54.1	5.1	33.2	7.1
Policing	#	326	23	232	46
	%	51.7	3.7	36.8	7.3
Support Growth of Local Business	#	272	67	235	55
	%	43.2	10.6	37.3	8.7
Public Health	#	255	34	312	28
	%	40.5	5.4	49.5	4.4
Attracting Foreign Companies	#	253	129	195	49
	%	40.2	20.5	31.0	7.8
Paving/Repairing Roads	#	245	59	300	24
	%	38.9	9.4	47.6	3.8
Social Services	#	176	96	309	45
	%	27.9	15.2	49.6	7.1
Promoting Tourism	#	135	128	319	46
	%	21.4	20.3	50.6	7.3
Public Transit	#	77	78	430	44
	%	12.2	12.4	68.3	7.0

TABLE 7.2: GENDER DIFFERENCES

		<u>Increase</u>	<u>Decrease</u>	<u>Stay the Same</u>	<u>P.</u>
Public Transit	M%	16.7	14.2	69.2	.03
	F%	9.8	12.5	77.7	
Environment	M%	53.8	7.3	38.8	.03
	F%	63.2	3.7	33.1	
Tourism	M%	27.4	23.6	49.0	.01
	F%	19.0	20.4	60.5	
Public Health	M%	35.9	6.8	57.3	.005
	F%	48.7	4.6	46.7	
Local Business	M%	47.2	15.2	37.6	.02
	F%	47.5	8.1	44.4	
Attracting Foreign Companies	M%	49.8	18.6	31.6	.004
	F%	37.8	26.2	31.0	

TABLE 7.3: AGE DIFFERENCES

		<u>Increase</u>	<u>Decrease</u>	<u>Stay the Same</u>	<u>P.</u>
Environment	18-24	66.1	5.4	28.6	.006
	25-34	63.0	3.9	33.1	
	35-44	64.6	3.1	32.3	
	45-54	54.7	11.6	33.7	
	55-64	50.0	10.9	39.1	
	65+	48.4	2.1	49.5	
Roads	18-24	33.9	14.3	51.8	.003
	25-34	39.1	11.8	49.1	
	35-44	31.5	13.8	54.6	
	45-54	41.1	7.8	51.1	
	55-64	51.6	6.5	41.9	
	65+	50.5	2.9	46.6	
Tourism	18-24	11.3	24.5	64.2	.005
	25-34	21.9	23.9	54.2	
	35-44	16.5	27.6	55.9	
	45-54	23.0	23.0	54.0	
	55-64	34.9	25.4	39.7	
	65+	33.3	6.3	60.4	

TABLE 7.4: FAMILY INCOME DIFFERENCES

		<u>Increase</u>	<u>Decrease</u>	<u>Stay the Same</u>	<u>P.</u>
Public Health	-20,000	52.5	9.1	38.4	.003
	20-29,999	54.9	1.2	43.9	
	30-39,999	39.4	3.0	57.6	
	40-49,999	34.2	6.6	59.2	
	50-59,999	40.7	6.8	52.5	
	60-69,999	47.6	7.1	45.2	
	70,000+	27.0	5.6	67.4	
Social Services	-20,000	42.9	11.0	46.2	.01
	20-29,999	30.0	11.3	58.8	
	30-39,999	24.7	12.4	62.9	
	40-49,999	31.9	18.1	50.0	
	50-59,999	26.7	13.3	60.0	
	60-69,999	31.7	29.3	39.0	
	70,000+	23.0	24.1	52.9	
Local Business	-20,000	54.8	9.5	35.7	.01
	20-29,999	41.3	11.3	47.5	
	30-39,999	41.7	3.1	55.2	
	40-49,999	54.1	9.5	36.5	
	50-59,999	40.4	15.8	43.9	
	60-69,999	47.6	19.0	33.3	
	70,000	47.2	19.1	33.7	
Foreign Business	-20,000	46.6	29.5	23.9	
	20-29,999	53.1	13.6	33.3	
	30-39,999	51.1	16.0	33.0	
	40-49,999	44.6	13.5	41.9	
	50-59,999	35.1	26.3	38.6	
	60-69,999	32.6	37.2	30.2	
	70,000	42.0	21.6	36.4	

Summary

In general then, significant public concerns about the environment and public safety appeared to result in a slight majority of respondents favouring increased spending in these areas of Regional activity.

Public opinion was more divided in other areas of spending. Concern about economic conditions was a probable factor in the largest group of respondents but not a majority, favouring increased spending on supporting local business and attracting foreign companies although, in the latter case, a sizeable proportion favoured spending cuts.

A majority of the respondents supported "staying the same" with respect to spending on tourism promotion and public transit.

No majorities emerged with respect to other areas of Regional spending although, in all cases, the largest proportion favoured staying the same - public health, social services and road maintenance.

The two areas which received the highest support for spending cuts (20% of respondents) were attracting foreign companies and promoting tourism.

To some extent, the respondents support for spending in all areas was dependent on gender, age and family income. Females and young persons were most supportive of increased spending on the environment. Females were also more likely to favour increased spending on public health. Support for increased spending in social services was inversely related to income, with those at the lower end of the income scale favouring increases.

These results provide a "snap-shot" view of public perceptions of spending priorities within the Region. Although respondents received an advance letter which explained the general purpose of the survey they were not informed about the precise nature of the questions. Consequently, the results depict a spontaneous reaction by the respondents to the issue of spending priorities.

Samples of this size are generally accurate with ± 4 percentage points in 19 out of 20 samples.

**8.0 SOCIAL PLANNING AND RESEARCH COUNCIL
OF HAMILTON AND DISTRICT:
PUBLIC PARTICIPATION**

8.0 SOCIAL PLANNING AND RESEARCH COUNCIL OF HAMILTON AND DISTRICT: PUBLIC PARTICIPATION

8.1 Public Participation Findings

The SPRC has a strong interest in encouraging effective citizen involvement in the decision-making process, particularly with respect to social development issues. We recognize that the process of involving community members in planning and decision-making can be complex and problematic. For community members to be effective in a public involvement process, people need to be well informed, have a clear sense of the issues to be decided, know the extent of, as well as limits to their role of authority, and be able to see evidence of their influence when choices are made.

This formula is complex but it is further complicated by the fact that not all members of our community begin at the same point when they choose to participate in decision-making on issues. Something as simple as different levels of literacy among community members will mean that efforts to inform everyone equally will be more demanding. Some community members will be able to read notices in the paper which invite people to take part, some will not. Some community members may be able to read information packages, briefs, charts and maps, some may not. Some people may be able to afford time during the day to go to information meetings, pay for bus rides, child care or parking, some may not.

The obstacles to involving people effectively are many and deserve a great deal of effort to understand and address, if we want public involvement process to be equally accessible to all members of the community.

Understanding the extent to which public access to decision-making is available is important to the SPRC. To gain more insight about the involvement patterns which indicate who participates in public process, how and why, may ultimately help us improve the strategies we use to engage community members in the process of making decisions which will directly affect their lives, whether they're using services, paying for them or both.

To this end, we chose, through the Community Monitor, to explore the following participation related issues:

1. Contact rates with politicians (Q.1)
2. Contact rates with other public officials (Q.2)
3. Important sources of information on public issues (Q.3)
4. Participation in Committee meetings of Regional Council (Q.4)

5. Participation rates in elections (Q.5)
6. Participation with groups trying to affect government decisions (Q.6)
7. Other methods of participation people were using to express their views on issues (Q.7,8,9)
8. Willingness to influence tax spending and perceived influence on how tax dollars are actually spent (Q.10,11)
9. Participation in Sustainable Development Task Force

8.2 Contact Rates With Politicians

If participation in a democratic society occurs primarily through the electoral process then it may be reasonable to expect that people will view elected representatives as a useful point of contact for expressing views and preferences on issues between elections. Perhaps contact with a politician will take place most often when people are dissatisfied with some matter. Never-the-less information about the frequency with which people contact politicians offers give some indication about the perceived value of politicians as a point of contact for people participating in matters of public interest.

Respondents to the survey were asked to indicate the number of times they had contacted a politician about issues of concern. Responses to this question indicate that most people (80.3%) had not contacted a politician over the past year about any issue. However the remaining 19.7% of respondents all reported having made contact with a politician one or more times over the past year. Remarkably, some respondents (1.4%) had been in contact with a politician six (6) or more times over the previous year. See Table 8.1 below.

TABLE 8.1: CONTACT RATES WITH POLITICIANS

<u>Annual Contact Rate</u>	<u>Percentage of General Population</u>
0	80.3%
1	9.5
2-5	8.4
6-24	1.9
	—
Total	99.1%
(N=630)	

Note: Percentages do not add up to 100% due to rounding or due to excluding "can't remember" or "rather not say".

8.3 Contact Rates With Public Officials

In many matters of public interest, it is sometimes more appropriate to contact a public official other than a politician in order to express a view or get information about matters of public interest. In some cases, community members are instructed quite specifically to do this. For example, people may be advised to call the Planning Department and speak to a Planner, or contact the local Clerk's Office, speak to a constituency assistant, a policy analyst, a task force member and so on. The consumer in each case may perceive this option as a legitimate opportunity to participate in public process. If so, then rates of contact with public officials may indicate the extent to which people use this form of participation to register concerns or questions about public matters if they have any.

People responding to this survey were asked to report the number of times that they had contacted a public official who was not a politician, during the last year. The question was confined to contact for the purpose of communication about a community issue of concern.

Responses showed that most people (81.6%) had not contacted a public official about any community issue over the past year. Of those who were in contact with public officials, 7.1% contacted a public official only once during the year, while 6.8% had contacted a public official on more than one occasion during the previous year. See Table 8.2 below.

TABLE 8.2: CONTACT RATES WITH PUBLIC OFFICIALS

<u>Annual Contact Rate</u>	<u>Percentage of General Population</u>
0	81.6%
1	7.1
2-5	8.7
6-48	2.7
	—
Total	100.1%
(N=630)	

Note: Percentages do not add up to 100% due to rounding.

8.4 Sources of Information on Public Issues

Knowing which sources of information people rely on for awareness of public issues can provide important instruction to those planning a public participation program. This information could be useful in determining which sources should be targeted as effective means for getting important messages into the public domain. For this reason, a question was asked of respondents inviting them to indicate what they considered their most important source of information on public issues to be.

The results suggest that most people (47%) rely heavily on newspapers for their information. Other dominant sources of information were television (34.6%) and radio (11.1%). For smaller portions of the population, government brochures were useful and for fewer still magazines were relied on as an important source of information on public issues. Several other sources of information were suggested by a very few respondents but are worth noting. They were local politicians, word of mouth, newsletters, the library and direct mail. See Table 8.3 below.

TABLE 8.3: SOURCES OF INFORMATION ON PUBLIC ISSUES

<u>Information Source</u>	<u>Percentage of Population</u>
Newspapers	47.0%
Television	34.6
Radio	11.1
Magazines	1.7
Government brochures	2.9
Other	1.3
Don't know	1.4
	—
Total	100%

8.5 Participation in Committee Meetings of Council

In the Regional Municipality of Hamilton-Wentworth, citizens are permitted to meet with and present their issues to members of Regional or Municipal Councils at meetings of the Committees of Council. This represents an important point of access for members of the community which allows them to participate directly with local policy makers in Regional Government.

To determine the extent to which this opportunity for participation is used by the community, we asked questionnaire respondents to indicate how often in the past twelve months they had attended a committee meeting of Council where their views were expressed. The results of this question show that 92.5% of those responding had not used this mechanism to participate in public process. (did they know of it or just not need it?). By contrast, the remaining 7.3% did report that their views had been expressed personally or through a representative, at a meeting of a committee of Council once or more during the past year. See Table 8.4 below.

TABLE 8.4: PARTICIPATION RATES IN COMMITTEE MEETINGS OF COUNCIL

<u>Presentation/Representation Rate</u>	<u>Percentage of Population</u>
0 times	92.5%
1	4.0
2 or more	3.6
	—
Total	100.1%
(N=630)	

Note: Percentages do not add to 100% due to rounding.

8.6 Participation Rates in Elections

In a democratic society, voting during elections is probably the most familiar form of participation that community members have available to them. For that reason, a question was asked about voting behaviour. Respondents were asked to indicate generally how often they voted at election time. As expected, a large majority of respondents (76.3%) indicated that they always voted at election time. A smaller portion (10.6%) said they often voted in elections. A small yet substantial population (10%) said that they seldom or never voted in elections. See Table 8.5 below.

TABLE 8.5: PARTICIPATION RATES IN ELECTIONS

<u>Voting Behaviour</u>	<u>Percentage of Population</u>
Always	76.3%
Often	10.6
Seldom	4.6
Never	5.4
Ineligible to vote	3.0
	—
Total	99.9%

Note: Percentages do not add to 100% due to rounding.

It seems that members of the community who are eligible to vote like to do so as an important part of participating in community life. Our findings in response to this question were remarkably similar to the voter turnout rates registered in recent Federal elections in Canada. In the 1993 Federal election, the voter turnout was recorded at 71%, down slightly from the previous federal election in 1988 which saw voters turn out at a rate of 76% (Toronto Star; Oct. 27,1993; p.A3).

8.7 Participation with Groups Trying to Affect Government Decisions

Collective action is a formula community members often take advantage of to build support for their issue or cause. People may form or join groups and through them work with others to further define the issues and develop strategies for addressing them. We therefore attempted through this survey mechanism to gauge the extent to which people may be working with groups to pursue public policy interests.

We discovered that a vast majority (82.4%) of the population surveyed had not in the past year been active in a group that was trying to affect some government decision. A smaller portion of respondents (11.8%) had attended one or two meetings of a group, while the remainder (5.8%) of the population surveyed seemed to be very active in groups which may have been meeting anywhere from quarterly to weekly. See Table 8.6 below.

TABLE 8.6: PARTICIPATION WITH GROUPS

<u>Number of Meetings</u>	<u>Percentage of Population</u>
0	82.4%
1-2	11.8
3-6	3.6
7-12	1.5
13 or more	1.2
<hr/>	
Total	100.5%

Note: Percentages do not add to 100% due to rounding.

8.8 Other Methods of Participation

There are, it seems, as many ways to participate as imagination will allow. We wanted to ask an open ended question which would allow people to describe to us some of the techniques they considered available and had used over the past year to express their views or influence some action by government. In all, forty-seven

(47) different acts were named which reflected the efforts to participate by 18% of respondents. Some of the most popular methods used by people surveyed were: signing petitions, participating in demonstrations, answering questionnaires, and being active in a church group. Some other less frequently used, but mentioned methods for participating in public issues (see "other" category in Table 7) were: letter writing, calling a radio show, going to union meetings, speaking to public officials, members of Parliament, and discussion with friends. See Table 8.7 below.

TABLE 8.7: OTHER METHODS OF PARTICIPATION

<u>Method</u>	<u>Percentage of Population</u>
Signed a Petition	3.3%
Answered Questionnaires	1.9
Participated in a demonstration	1.0
Active in a church group	1.7
Other	10.1
Not applicable	82.0
	—
Total	100.0%

8.9 Participation Activity Rates

Although there were a variety of methods identified which respondents used to participate in local issues, answers to that question alone did not indicate the extent to which their preferred method of participation was used. A further question was asked of people who reported some form of active participation to explore how many times people were using the methods of participation that were popular with them. The results of this investigation suggest that many people (6.0%) who were getting involved were doing so only once during the year. However, an almost similar sized group (5.1%) reported participating in their chosen fashion twice annually. Smaller numbers of respondents reported much more active rates of participation. At the extreme, a few people reported that they were participating in public issues at rates that suggest bi-weekly (26 times/year) or weekly (50 times/year) efforts. See Table 8.8 on the following page.

TABLE 8.8: PARTICIPATION ACTIVITY RATES

<u>Frequency of Participation</u>	<u>Percentage of Sample</u>
1	6.0%
2	5.1
3-9	4.2
10-50	2.0
n/a	83.0
<hr/>	
Total	100.3%
(N=630)	

Note: Percentages do not add up to 100% due to rounding.

8.10 Participation in Regional Tax Issues

There are important links between decisions on public issues and public spending, although the influence of one on the other is not always direct. Still we assume that in order for community members to feel they have an effective role in influencing government action on issues, they need to have a corresponding role affecting the expenditure of tax dollars. Given this, it seemed useful to explore the ability of questionnaire respondents to influence government spending as they perceived it.

Two questions were asked of respondents about their role in spending decisions. The first question attempted to gauge the interest people would have if they had an opportunity to have a say in how taxes are spent. Responses indicated that almost sixty percent (60%) of those asked had an inclination to participate in a process which would provide them the opportunity to personally have a say in how their taxes are spent at the Regional Government level. See Table 8.9 below.

TABLE 8.9: WILLINGNESS TO PARTICIPATE IN TAX SPENDING DECISIONS

	<u>Rating of Willingness</u>
Very Likely	24.4%
Likely	34.6
Not Too Likely	26.7
Not At All Likely	13.0
No Response/Not Sure	1.2
<hr/>	
Total	99.9%

Note: Percentages do not add up to 100% due to rounding.

To understand better who is most interested in having a say in how taxes are spent, responses were cross tabulated with the age of the respondents. The results of this analysis indicate that the greatest tendency toward participation is in the age group of people aged 40 to 59. Almost 72% of people in this age group said they were willing to participate. Respondents in the age group of 18 to 39 have a somewhat weaker reported interest in tax spending issues. The third group of respondents tested in this analysis were people aged 60 and over. The inclination to participate seems to ease somewhat in the 60+ age group as almost as many people reported an interest in tax spending issues as not. See Table 8.10 for more detail of these findings.

TABLE 8.10: WILLINGNESS TO PARTICIPATE IN TAX SPENDING DECISIONS BY AGE GROUP

<u>Rate of Willingness</u>	<u>Age Groupings</u>		
	<u>Age 18-39</u>	<u>Age 40-59</u>	<u>Age 60+</u>
Very likely	21.7%	33.1	20.7
Likely	35.2	38.7	30.7
Not too likely	33.8	21.0	21.3
Not at all likely	9.3	7.2	27.3

sig.= .00

The responses were analyzed comparing the gender of respondents to the rate of interest in participating in tax spending issues. The results of this cross tabulation failed the test for significance. However, when we examined responses in relationship to employment status, the results were more revealing. The findings in this study suggest that the inclination to participate in tax spending issues was strongest among people who were employed either full time (64.1%) or part time (66.3%). In contrast to this the highest reported rate of disinterest in participation came from those who also reported that they were unemployed and not looking for work. See Table 8.11 below.

TABLE 8.11: WILLINGNESS TO PARTICIPATE IN TAX SPENDING DECISIONS BY EMPLOYMENT STATUS

<u>Rate of Willingness</u>	<u>Present Employment Status</u>				<u>Homemaker</u>
	<u>Employed full time</u>	<u>Employed part time</u>	<u>Unempl. look</u>	<u>Unempl. not look</u>	
Very Likely	26.9%	28.6	25.0	21.1	19.0
Likely	37.2	37.7	30.4	30.3	36.2
Not Too Likely	27.9	26.0	33.9	21.8	29.3
Not At All Likely	7.9	7.8	10.7	26.8	15.5

sig.= .0004

The responses to the question about likelihood of participating in tax spending decisions were cross tabulated with total family income. The results showed people with low incomes reported low rates of likelihood of participating, while those with high family incomes had a much stronger inclination to participate in discussions on tax matters. The strongest response of any group to participate were those with family incomes reported in the range of \$70,000 or more annually. See Table 8.12 below.

TABLE 8.12: WILLINGNESS TO PARTICIPATE IN TAX SPENDING BY TOTAL FAMILY INCOME

	<u>Total Family Income</u>						
	<u>less than \$20,000</u>	<u>20,000- 29,999</u>	<u>30,000 39,999</u>	<u>40,000 49,999</u>	<u>50,000 59,999</u>	<u>60,000 69,999</u>	<u>70,000 or more</u>
<u>Willingness to Participate</u>							
Very Likely	22.9	17.8	20.4	28.6	26.2	33.3	34.1
Likely	32.3	36.7	36.9	35.1	41.0	28.9	35.2
Not Too Likely	19.8	26.7	32.0	26.0	27.9	28.9	27.5
Not At All Likely	25.0	18.9	10.7	10.4	4.9	8.9	3.3

sig.= .0054

When we considered the respondent's interest in taking part in discussions about tax spending issues in relationship to their status as a home owner or renter, we found that home owners reported being much more likely to participate in the discussions than renters. While 53.6% of renters said they were likely or very likely to take part, 62.0% of owners said they were likely or very likely to take part. See Table 8.13 below.

TABLE 8.13: WILLINGNESS TO TAKE PART IN TAX DISCUSSIONS BY HOUSING STATUS

<u>Willingness to Participate</u>	<u>Housing Status</u>	
	<u>Rented</u>	<u>Owned</u>
Very Likely	23.2	25.4
Likely	30.4	36.6
Not Too Likely	25.0	27.8
Not At All Likely	21.4	10.2

sig.= .0032

The second question probing about a role in public spending asked if respondents felt they presently had a role influencing how tax dollars are spent. The results show that eighty-six percent (86%) said they felt they had little or no say in how their taxes are spent. This represents a huge gap between taxpayers and the public services and systems now being provided for them. See Table 8.14 below.

TABLE 8.14: INFLUENCE ON TAX SPENDING IN HAMILTON-WENTWORTH

<u>Self Reported Rates of Influence</u>	
Great Deal	2.5%
Some	10.2
Very Little	35.2
None At All	50.8
No Response/Not Sure	1.3

Total	100%

To gain more insight on the sense of respondents' perceived influence on tax spending, we again considered responses in relationship to their age. Through this analysis, we discovered that as age increased the proportion of people who felt they had no influence at all increased. Those respondents in the group of 60 years of age and older had the most pessimistic view of their influence on public spending decisions. About 93.3% of respondents in this category said they felt they had very little or no say at all in such matters. See Table 8.15 below for more detail.

TABLE 8.15: INFLUENCE ON TAX SPENDING BY AGE

<u>Influence on Tax Spending</u>	<u>Age Groups</u>		
	<u>18-39</u>	<u>40-59</u>	<u>60 and over</u>
Great Deal	2.1%	2.7%	3.4%
Some	14.1	9.8	3.4
Very Little	38.3	32.8	33.8
None At All	45.5	54.6	59.5
sig.= .0091			

When the employment status of respondents was considered in relation to the perceived influence on tax spending, the results indicate that people who work in the home overwhelmingly felt that they had very little or no say at all in decisions about how tax dollars are spent. People who were unemployed and not looking for work reported similar feelings in that 89.5% felt they had little or no say at all in tax spending decisions. See Table 8.16 below.

TABLE 8.16: INFLUENCE ON TAX SPENDING BY EMPLOYMENT STATUS

<u>Influence on Tax Spending</u>	<u>Employment Status</u>				<u>Homemaker</u>
	<u>Employed full time</u>	<u>Employed part time</u>	<u>Unempl. look</u>	<u>Unempl. not look</u>	
Great Deal	2.1%	3.8	0.0	4.2	1.8
Some	12.8	9.0	19.3	6.3	0.0
Very Little	34.0	42.5	45.6	32.9	33.3
None At All	51.0	44.9	35.1	56.6	64.9
sig.= .0056					

Another test carried out on the data gathered about perceived influence on tax spending was an examination of influence in relationship to the characteristic of racial minority. Respondents who identified themselves as being members of a racial minority consistently reported a stronger sense of having a say in tax spending than did those who were not self-identified as part of a racial minority. These results are further detailed in Table 8.17 below.

TABLE 8.17: INFLUENCE ON TAX SPENDING BY MINORITY STATUS

<u>Influence on Tax Spending</u>	<u>Member of a Racial Minority</u>	
	<u>Yes</u>	<u>No</u>
Great Deal	8.2	2.1
Some	20.4	9.5
Very Little	32.7	36.0
None At All	38.8	52.5
sig.= .0038		

8.11 Discussion of Findings

Through this survey, we have discovered a number of behaviours which will be important for community planners and decision-makers to keep in mind when developing strategies for involving the public in the decision-making process.

We found that people in Hamilton-Wentworth rely heavily on newspapers for information about their community and issues affecting them. Television and radio are also important sources of information about public issues. It would follow then, that the information communicated by newspapers will have a great deal to do with people's understanding of the issues. Other sources of information which governments or public bodies control more fully are less effective at reaching the community at large and so less useful in engaging community members in public process.

We also found that most people do not contact, through their own initiative, either politicians or public officials during the course of a year to express views or influence decisions. The reasons for this are not known from the results of this study. However, it would appear that elected officials and other public officials for the most part are not a focus of community action and input between elections. This condition changes dramatically at election time.

Survey results indicate that at election time most people participate. This suggests a strong commonly held conviction that elections are credible, useful, albeit infrequent, opportunities to participate in public decision-making and that people do want to be an active part of the decision-making process.

This finding was supported by the results for questions about participation in decisions related to tax spending. Most respondents reported a desire to be a part of tax spending decisions. At the same time, respondents demonstrated that they felt remote from this process and indicated a high degree of cynicism about the extent to which they could influence these decisions. The choice of investigating people's sense of involvement in tax spending matters reflects our view that tax issues affect most people in the community. Taxation issues also represent a familiar matter of public concern to which most people could relate and feel a sense of ownership. Analysis of responses to these questions suggests the interest rate in participating in tax matters varies considerably when cross tabulated with several common demographic characteristics.

Our findings indicate that interest in influencing tax spending is strongest amongst people who are employed, middle-aged, have high family incomes or are homeowners. This may mean that people who pay the

most tax have the greatest interest in participating in decisions about how taxes are spent. They are clearly the most motivated to see that this occurs.

In contrast, we found that people who work in the home, are unemployed or are 60 years of age or older, feel disconnected from the decision-making process around public spending choices. These groups more often indicated in their responses that they had little or no say in tax spending issues.

This dichotomy raises an important, though not new, question: if participation in the decision-making process around public spending is not shared equally, can we expect the decisions emerging from the process to benefit community members equally?

Although many people reported an interest in influencing tax spending, the evidence remains that aside from election time, few people actually participate, for whatever reason, in actions which may allow them to have a significant degree of influence on vital public matters.

There are a wide range of options available to community members for taking action and people seem aware of these. In this survey, people identified as many as forty-seven different ways for action! However, these options were being used by less than one-fifth of respondents. Two very routine options for participating in public decision-making process, working with a community group or presenting statements or briefs to Committees of Council, were little used. The fact that so many different strategies for taking action are known but little used, suggests that those options are limiting, inaccessible or perceived as ineffective and so not widely used.

The discrepancy between people's interest in participating in public issues and the mechanisms available for doing so in a way which effectively meet people's needs is a serious matter. Further investigation of this relationship may point us towards new strategies for involving people in the development of our community and the systems needed to make it function successfully.

**9.0 SOCIAL PLANNING AND RESEARCH COUNCIL
OF HAMILTON AND DISTRICT:
TASK FORCE ON SUSTAINABLE DEVELOPMENT**

9.0 SOCIAL PLANNING AND RESEARCH COUNCIL OF HAMILTON AND DISTRICT: TASK FORCE ON SUSTAINABLE DEVELOPMENT

The Region of Hamilton-Wentworth initiated a process in 1990 to create and define the concept of a "Sustainable Region" for the community. The process used to carry out this work was the formation of a "Regional Chairman's Task Force on Sustainable Development".

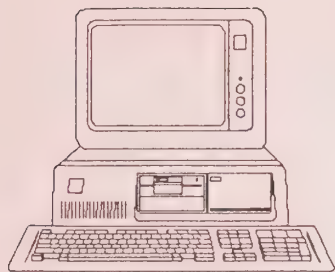
Sustainable development was defined as positive change that meets the needs of the present without compromising the ability of future generations to meet their own needs, and that it depends upon widespread understanding of the relationships between people and their environment and the will to make necessary changes in a responsible manner. It was this declared interest in "widespread understanding" that inspired the Task Force on Sustainable Development to commit themselves through their work to an extensive public participation process. Without extensive public awareness and involvement, they reasoned, the effort to transform the community to sustainable development would be unsuccessful.

By January 1993, the Task Force has completed its work through presentation of its vision for the future, entitled "Vision 2020", a report which was adopted by Regional Council. Through the Community Monitor survey, we chose to examine the extent to which community members of Hamilton-Wentworth were familiar with the work of the Task Force on Sustainable Development and their reports. In fact, two questions were asked. The first to determine if respondents were familiar with either of two reports released by the Task Force: "Vision 2020 - The Sustainable Region" and "Implementing Vision 2020". The second question inquired of those who said they had heard of the reports, to name the most important part of the reports as far as they were concerned.

A total of 78 individuals out of 630 respondents (12.4%) had heard about either or both reports. An additional 10 respondents said they had heard about the Task Force but not about the reports. Thus, a maximum of 14% of respondents indicated some awareness of the Task Force, as indicated by this question. However, of these 88 individuals, only 29 commented on what they thought the important part of the reports was, the remainder saying they didn't know. Among these 29, the actual responses indicated specific knowledge (e.g., environment, economy) relevant to the Task Force in only 16. Thus, fewer than 5% of respondents gave convincing indication that they were aware of the Task Force's activities.

APPENDIX A

THE QUESTIONNAIRE



THE COMMUNITY MONITOR

A Service of
The Social Planning and Research Council
of Hamilton and District
255 West Avenue North, Hamilton, Ontario L8L 5C8
Telephone: (416) 522-1148 Fax: (416) 522-9124

Respondent ID _____

PILOT STUDY

SPRING 1993

FINAL FIELD QUESTIONNAIRE

INTERVIEWER: Read out everything in bold type. Do not read out words in italics. These are codes and clarifications.

Hello, my name is _____ from the Social Planning and Research Council. You have probably received a letter informing you about this call describing the survey we are conducting about social, health, economic and planning issues. May I speak with the person presently living in your household age 18 or over whose birthday is closest after today's date.

The survey we are doing is called the **COMMUNITY MONITOR** and is being conducted within Hamilton-Wentworth. The time for the interview varies from person to person, but on the average it takes between 15 to 20 minutes to complete.

The information you give us is very important to our study and we appreciate your co-operation. We are not interested in identifying the answers of any one particular person, so your name will not appear on the questionnaire and, therefore, your answers will remain anonymous as well as strictly confidential. Of course, your participation is voluntary and if we should come to a question you don't want to answer, just let me know and we will skip over it.

_____ *TIME BEGIN*

These first questions are general in nature and talk about issues that may have concerned you in the past year or so.

1. During the past 12 months, how often have you contacted a politician, either in person, over the telephone, or by letter about any issues that concerned you? (include constituency persons)

_____ 00 = Never 77 = Refused 88 = Don't Know Record average -- Round down
Number if range given

2. How often have you contacted a public official, who was not a politician, about some community issue that concerned you? (Public official = government employee or civil servant)

_____ 00 = Never 77 = Refused 88 = Don't Know Record average -- Round down
Number if range given

3. Which of the following would you consider to be the most important source of information for you on public issues ... CHECK ONLY ONE (public issues = current issues)

- () 1. Newspapers, () 7. Refused
() 2. Television, () 8. Don't Know
() 3. Radio,
() 4. Magazines,
() 5. Government Brochures or Flyers, or,
() 6. Something else? _____ (specify)

4. In the past 12 months, how often have you attended a committee meeting of Municipal or Regional Council where your views were expressed? (By respondent personally or through a representative)

_____ 00 = Never 77 = Refused 88 = Don't Know Record average -- Round down
Number if range given

5. When federal, provincial or municipal elections take place, how often do you get out and vote at the polls ... (Generally speaking)

- () 1. Always, () 7. Refused
() 2. Often, () 8. Don't Know
() 3. Seldom, or, () 9. Not eligible
() 4. Never?

6. In the past 12 months, how often have you attended a meeting of a group that was trying to affect some government action or decision where your views were expressed? (By respondent personally or through a representative)

_____ 00 = Never 77 = Refused 88 = Don't Know Record average -- Round down
Number if range given

7. In the past 12 months, have you done anything else we haven't already talked about to express your views on any issue, in order to affect some action or decision by government or other public bodies? (*By respondent personally or through a representative*)
 ("other public body" = health or social or other non-government body)

() 1. Yes

→→ 8. What did you do? _____

() 2. No

9. How many times did you do that? _____ (total number)

() 7. Ref.

00 = Never 77 = Refused 88 = Don't Know

Record average -- Round down
if range given

10. If you had an opportunity personally to have a say in how taxes are spent at the Regional level of government in Hamilton-Wentworth, how likely would you be to take part ...

() 1. Very likely,

() 7. Refused

() 2. Likely,

() 8. Don't Know

() 3. Not too likely, or,

() 4. Not at all likely?

11. How much of a say do you feel you now have personally as to where tax dollars are spent within Hamilton-Wentworth, would you say ...

() 1. A great deal,

() 7. Refused

() 2. Some,

() 8. Don't Know -- PROBE: If you had guess
what would you say?

() 3. Very little, or,

() 4. None at all?

12. These next couple of questions are about social services. People have different ideas about what kind of social services are needed in Hamilton-Wentworth. What do you think are the most important services that need to be available?

(*Social support service = service which helps people with daily living*)

Record the first 3 responses given -- Do not probe if only one mentioned.

1. _____

2. _____

3. _____

13. In the past 12 months, have you or any member of your family used any social service?

() 1. Yes -- GO TO Q.14

() 7. Refused

() 2. No -- GO TO Q.15

() 8. Don't Know

14. Which services were used? (Record first 3 mentioned -- Do not probe if only 1 given)

1. _____

2. _____

3. _____

ASK EVERYONE

15. Thinking now about Public Health Services rather than social services, what do you think are the most important Public Health Services that need to be available in Hamilton-Wentworth? (health service = promote health or prevent disease)

Record the first 3 responses given -- Do not probe if only one mentioned.

1. _____

2. _____

3. _____

16. Generally speaking, how would you rate the health care system in Ontario ...

() 1. Excellent,	() 7. Refused
() 2. Very good,	() 8. Don't Know -- If you had to guess,
() 3. Good,	would you say?
() 4. Fair, or,	
() 5. Poor?	

17. When you are worried about your own health, do you do any of the following...

- (a) Talk to a family member, friend, or a neighbour?

() 1. Yes	() 7. Refused
() 2. No	() 9. Never worried

- (b) Talk to a doctor over the phone?

() 1. Yes	() 7. Refused
() 2. No	() 9. Never worried

- (c) Make an appointment to visit a doctor?

() 1. Yes	() 7. Refused
() 2. No	() 9. Never worried

- (d) Talk to another health professional such as a nurse or a physiotherapist?

() 1. Yes	() 7. Refused
() 2. No	() 9. Never worried

- (e) Call one of the health departments or agencies?

() 1. Yes	() 7. Refused
() 2. No	() 9. Never worried

(f) Go to a walk-in clinic?

- () 1. *Yes* () 7. *Refused*
 () 2. *No* () 9. *Never worried*

(g) Go to a hospital emergency room?

- () 1. *Yes* () 7. *Refused*
 () 2. *No* () 9. *Never worried*

(h) Get information from magazines, books, or journals?

- () 1. *Yes* () 7. *Refused*
 () 2. *No* () 9. *Never worried*

18. Is there anything else you do when you are worried about your health?

() 1. *Yes*

→→ 19. **What do you do?**

() 2. *No -- Go to Q.20*

() 7. *Ref. -- Go to Q.20*

() 9. *Never worried*
 -- *Go to Q.20*

GO TO Q.20

20. Now, thinking about the health of other family members, ... in the past 2 weeks, have you or someone else in your family provided care for another family member because poor health limited their ability to care for themselves? (*Broad definition of family*)

- () 1. *Yes -- Go to Q.21* (*whether or not the family members live with*
 () 2. *No -- Go to Q.24* *the Respondent - include caring for out of town*
 () 7. *Refused -- Go to Q.24* *family members*)

21. How many family members were cared for? _____ (*number*)

22. **Who was taken care of?** *(Just give me the relation, we are not interested in identifying names.) Record Below in chart in Q.23.*
23. **(For relation) would you say the care that was given was ...**
- A. **Short-term, that is two weeks or less**
- B. **Medium-term, that is more than 2 weeks, but less than 6 months, or**
- C. **Long-term, that is 6 months or more?** *(Care "on and off" for 6 months is long-term)*

<i>Care Receiver Relation</i>	<i>Care Receiver Relation</i>	<i>Care Receiver Relation</i>	<i>Care Receiver Relation</i>
<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>
() 1. Short	() 1. Short	() 1. Short	() 1. Short
() 2. Medium	() 2. Medium	() 2. Medium	() 2. Medium
() 3. Long	() 3. Long	() 3. Long	() 3. Long
() 7. Refused	() 7. Refused	() 7. Refused	() 7. Refused
() 8. Don't Know	() 8. Don't Know	() 8. Don't Know	() 8. Don't Know
() 9. Not Applic.	() 9. Not Applic.	() 9. Not Applic.	() 9. Not Applic.

ASK EVERYONE

24. **Have you personally received care from other family members in the past 2 weeks?**

() 1. Yes

→→25. **From whom? (Care Giver)**

() 2. No -- GO TO Q.26

() 7. Ref. -- GO TO Q.26

() 8. D.K. -- GO TO Q.26

() 1. Grandparent () 7. Refused
 () 2. Parent () 8. Don't Know
 () 3. Spouse/Partner () 9. Not Applicable
 () 4. Children
 () 5. Brother or Sister
 () 6. Other GO TO Q.26

26. **Now I would like to ask a few questions about planning for health services for the population as a whole. When planning for health care services, how important is it to get the opinions of the general public ... would you say ...**

() 1. Very important,
 () 2. Somewhat important,

() 3. Not too important, or
 () 4. Not at all important?
 () 7. Refused
 () 8. Don't Know

→→27. **For which areas or health services, do you think it is important to get the opinions of the public?**

Record first 3 mentioned. Do not probe if only 1 mentioned.

1. _____
 2. _____
 3. _____

GO TO Q.28

28. There are different ways that people can participate in planning for health services. For each of the ways that I mention, could you tell me how likely it would be that you would personally participate.

How likely are you to answer a mail-in questionnaire ...

- | | |
|---|---|
| <input type="checkbox"/> 1. Very likely, | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. Likely, | <input type="checkbox"/> 8. <i>Don't Know</i> |
| <input type="checkbox"/> 3. Not too likely, or, | |
| <input type="checkbox"/> 4. Not at all? | |

29. How likely are you to attend a community meeting ...

- | | |
|---|---|
| <input type="checkbox"/> 1. Very likely, | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. Likely, | <input type="checkbox"/> 8. <i>Don't Know</i> |
| <input type="checkbox"/> 3. Not too likely, or, | |
| <input type="checkbox"/> 4. Not at all? | |

30. How likely are you to join a committee or community group to discuss or advise on health matters?

- | | |
|--|---|
| <input type="checkbox"/> 1. <i>Very likely,</i> | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. <i>Likely,</i> | <input type="checkbox"/> 8. <i>Don't Know</i> |
| <input type="checkbox"/> 3. <i>Not too likely, or,</i> | |
| <input type="checkbox"/> 4. <i>Not at all?</i> | |

31. Thinking about your own health now. In general, compared to other persons your age, would you say your health is ...

- | | |
|--|---|
| <input type="checkbox"/> 1. Excellent, | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. Very good, | <input type="checkbox"/> 8. <i>Don't Know</i> |
| <input type="checkbox"/> 3. Good, | |
| <input type="checkbox"/> 4. Fair, or, | |
| <input type="checkbox"/> 5. Poor? | |

32. This next section is about FEDERAL government services. I'll read a short list of government departments, and for each one, tell me if you have gone to any of their offices or buildings in the past year or so.

What about ...

(a) Revenue Canada - Taxation?

- | | |
|--|---|
| <input type="checkbox"/> 1. <i>Yes</i> | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. <i>No</i> | <input type="checkbox"/> 8. <i>Don't Know</i> |

(b) Unemployment Insurance Office?

- | | |
|--|---|
| <input type="checkbox"/> 1. <i>Yes</i> | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. <i>No</i> | <input type="checkbox"/> 8. <i>Don't Know</i> |

(c) Employment Office?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

(d) Immigration Office?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

(e) Health and Welfare?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

(f) Customs Office?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

33. Have you gone to any other FEDERAL government office in the past year or so?

☐ 1. *Yes* →→ **34. Which ones? (list)**

☐ 2. *No*

☐ 7. *Refused*

☐ 8. *Don't Know*

35. In the past year or so, have you gone to any federal building to do any of the following 3 things ...

(a) Get any questions answered or pick up some information?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

(b) Pick up or drop off any forms?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

(c) Drop off any payments?

- ☐ 1. *Yes* ☐ 7. *Refused*
☐ 2. *No* ☐ 8. *Don't Know*

36. Recently the Federal Government set up a Central Information Centre in Burlington. In this way, the public is able to go to one location and get information on programs and services that are available from a variety of federal government agencies.

Also, the public can pick up and drop off forms as well as make payments for different federal departments all in one place.

Hamilton is the next area scheduled for a Central Information Centre of this type. What additional types of services or departments would you like to have located in this Central Information Centre? (Exclude Revenue Canada - Taxation, Unemployment Insurance Office, Employment Office, Immigration, Health and Welfare, and Customs)

37. Many government departments and businesses have a telephone system that allows customers with touch-tone phones to press different numbers to get different information or services. How much do you like this type of system ...

<input type="checkbox"/> 1. A great deal,	<input type="checkbox"/> 5. Never used it	(When you phone in, a voice comes on and says, "If you have a touch-tone phone, press 1 if you want so and so, press 2 if you want such and such, press 3 if you want something else and so on.)
<input type="checkbox"/> 2. Some,	<input type="checkbox"/> 7. Refused	
<input type="checkbox"/> 3. Very little, or,	<input type="checkbox"/> 8. Don't Know	
<input type="checkbox"/> 4. Not at all?		

38. Do you personally happen to have a touch-tone phone where you live?

☐ 1. Yes -- Go to Q.40

☐ 2. No

→→ 39. If you needed to use this type of service, do you have a friend, neighbour or relative with a touch-tone phone that you could use if you needed to?

☐ 7. Refused

☐ 1. Yes

☐ 7. Refused

☐ 2. No

☐ 9. Not Applicable

GO TO Q.40

ASK EVERYONE

40. When a person files a claim for Unemployment Insurance, 3 or 4 weeks later they get a Telephone Access Code with their first set of reporting cards. This code number together with a touch-tone phone allows them to ask questions about their claim. (System started May 1992)

AVRES - Automated Voice Response Enquiry System TAC - Telephone Access Code

Have you ever had your own Telephone Access Code for Unemployment Insurance purposes?

☐ 1. Yes -- Go to Q.41

☐ 7. Refused -- Go to Q.45

☐ 2. No -- Go to Q.45

☐ 8. Don't Know -- Go to Q.45

For information about Telephone Access Codes call local Employment Centre

41. Have you personally used your Telephone Access Code to get information about your claim?

☐ 1. Yes

☐ 2. No

☐ 7. Refused

☐ 9. N.A.
GO TO Q.44

→→42. How satisfied are you with this system ...

☐ 1. Very satisfied,

☐ 2. Somewhat satisfied,

☐ 3. Somewhat dissatisfied, or,

☐ 4. Very dissatisfied?

☐ 7. Refused

☐ 8. Don't Know

☐ 9. Not Applicable

43. Why is that? _____

GO TO Q.45

44. Why have you not used your Telephone Access Code?

☐ 1. Didn't need any information

☐ 2. Didn't have a touch-tone phone

☐ 3. Lost the number

☐ 4. Other, specify _____

☐ 7. Refused

☐ 8. Don't Know

☐ 9. Not Applicable

ASK EVERYONE

45. Do you know of anyone else who has used a Telephone Access Code and a touch-tone phone to get information about their own Unemployment Insurance claim?

We are not interested in identifying names or relations of persons. We are just interested if people have heard of this system in general.

☐ 1. Yes

☐ 2. No

☐ 7. Refused

→→46. Overall, how satisfied were they with this system ...

☐ 1. Very satisfied,

☐ 2. Somewhat satisfied,

☐ 3. Somewhat dissatisfied, or,

☐ 4. Very dissatisfied?

☐ 7. Refused

☐ 8. Don't Know

☐ 9. Not Applicable

47. Why is that? _____

GO TO Q.48

INTERVIEWER:

If Respondent has never had TAC and doesn't know anyone with one, GO TO Q.50.

48. Are you aware of any type of information that either you or someone else tried to get but couldn't using this system?

☐ 1. Yes

→→ 49. What type of information was missing from this system?

☐ 2. No

☐ 7. Ref.

☐ 9. N.A.

ASK EVERYONE

The next few questions are about the local Canada Employment Centre. They deal with both Employment matters as well as Unemployment Insurance.

50. Have you used any of the services at the Canada Employment Centre in Hamilton-Wentworth in the past 12 months?

☐ 1. Yes

☐ 2. No -- GO TO Q.52

☐ 7. Refused

51. Which services have you used at the Canada Employment Centre?

(Check all that apply)

☐ a. File an Unemployment Insurance claim

☐ b. Find out about a claim

☐ c. Look for a job

☐ d. Ask about training

☐ e. To get general information

☐ f. To get career counselling

☐ g. Other _____ (specify)

52. Do you happen to know of anyone else who has used any of the services of the Canada Employment Centre in Hamilton-Wentworth in the past 12 months?

☐ 1. Yes

→→ 52a. Which services did they use? (Check all that apply)

☐ 2. No

☐ 7. Refused

☐ a. File an Unemployment Insurance claim

☐ b. Find out about a claim

☐ c. Look for a job

☐ d. Ask about training

☐ e. To get general information

☐ f. To get career counselling

☐ g. Other _____ (specify)

53. What other type of information or services do you think the Canada Employment Centre should offer?
-
-

There are just a few questions left.

54. There has been a lot in the news lately about the Regional budget in Hamilton-Wentworth. I am going to read you a list of services and I want you to tell me if the amount of money the Regional Government spends on these services should increase, decrease, or, stay the same.

Please keep in mind that spending in one area means either reduced spending in other areas, and, or, increased taxes.

- a) First, do you think the amount of spending on Public Transportation, such as the HSR, should ... *HSR = Hamilton Street Railway*
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |
- b) What about the amount of money spent on Policing?
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |
- c) What about Protecting the Environment? (*air, water, landscape*)
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |
- d) What about for paving or repairing roads and sidewalks?
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |
- e) What about Promoting Tourism?
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |
- f) Do you think the amount of spending on Public Health Services should ...
- Public Health Services = Promote health and prevent disease*
- | | |
|--|--|
| <input type="checkbox"/> 1. Increase, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Decrease, or | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 3. Stay the same? | |

g) What about for Social Services in general?

Social Services = Service which helps people with daily living

- () 1. Increase, () 7. Refused
() 2. Decrease, or () 8. Don't Know
() 3. Stay the same?

h) What about spending to support the growth of local businesses?

- () 1. Increase, () 7. Refused
() 2. Decrease, or () 8. Don't Know
() 3. Stay the same?

i) What about spending to attract foreign companies to locate in Hamilton-Wentworth?

- () 1. Increase, () 7. Refused
() 2. Decrease, or () 8. Don't Know
() 3. Stay the same?

55. Last year in June 1992, the Regional Chairman's Task Force on Sustainable Development released a report called "Vision 2020 - The Sustainable Region". In January this year, they released a follow-up report called "Implementing Vision 2020". Have you heard anything about either of the 2 reports?

- () 1. Yes -- *Vision 2020: The Sustainable Region*
() 2. Yes -- *Implementing Vision 2020*
() 3. Yes -- *Both reports*
() 4. Yes -- *Task Force only but NOT reports*

- () 5. No
() 6. No -- *Haven't even heard of Task Force*
() 7. Refused

GO TO TOP OF PAGE 14

56. Can you tell me what the most important part of these reports are as far as you are personally concerned?

Record Verbatim

These last few questions are just for statistical purposes so that we can classify all the information into different groupings.

57. First, do you consider yourself to be in any of the following groupings ...

a) Aboriginal or First Nation persons such as North American Indian, Inuit, or Metis?

(Include "status" and "non-status" Native Indians)

☐ 1. Yes

☐ 7. Refused

☐ 2. No

☐ 8. Don't Know

b) Francophone?

☐ 1. Yes

☐ 7. Refused

☐ 2. No

☐ 8. Don't Know

c) Member of a racial minority group? (other than Caucasian)

☐ 1. Yes

☐ 7. Refused

☐ 2. No

☐ 8. Don't Know

d) Are you limited in the kind or amount of activity you can do either at work, around the home, or at play, because of a long-term physical condition, mental condition, or health problem?

☐ 1. Yes

☐ 7. Refused

☐ 2. No

☐ 8. Don't Know

58. Which of the following best describes your present employment situation...

(Employed = Working for wages, salary, commission or self-employed)

- ☐ 1. Employed full-time,
☐ 2. Employed part-time,

→ 59. Do you consider yourself to be ...

- ☐ 1. Self-employed, or,
☐ 2. Working for someone else?

☐ 7. Refused

☐ 8. Not applicable
 GO TO Q.61

- ☐ 3. Unemployed, but looking for work, or, -- GO TO Q.61
☐ 4. Unemployed and not looking for work, -- GO TO Q.60

- ☐ 5. Or are you a homemaker working full-time at home? -- Check code 3

in Q.60 and go to Q.61

☐ 7. Refused

☐ 8. Don't Know

60. Is there some particular reason you are not looking for work?

- ☐ 0. Discouraged worker e.g., no jobs out there; economy is bad; frustrating; etc.
☐ 1. Student ☐ 6. Other _____ (specify)
☐ 2. Retired ☐ 7. Refused
☐ 3. Homemaker ☐ 9. Not Applicable
☐ 4. Disabled
☐ 5. WCB - Pension

ASK EVERYONE

61. Have you or your family been affected in any way by the recession?

(family = living with Respondent in same household)

☐ 1. Yes

→→ 62. In what way?

☐ 2. No☐ 7. Ref.☐ 8. D.K.

63. In what year were you born?

☐ 01. 1974 - 1975 (18 - 19)☐ 02. 1969 - 1973 (20 - 24)☐ 03. 1964 - 1968 (25 - 29)☐ 04. 1959 - 1963 (30 - 34)☐ 05. 1954 - 1958 (35 - 39)☐ 06. 1949 - 1953 (40 - 44)☐ 07. 1944 - 1948 (45 - 49)☐ 08. 1939 - 1943 (50 - 54)☐ 09. 1934 - 1938 (55 - 59)☐ 10. 1929 - 1933 (60 - 64)☐ 11. 1919 - 1928 (65 - 74)☐ 12. 1918 or earlier (75 and over)☐ 77. Refused☐ 88. Don't Know

64. What language did you first learn at home as a child?

Check ALL that apply

☐ 00. Multiple☐ 07. Portuguese☐ 01. English☐ 08. Ukrainian☐ 02. French☐ 09. Croatian☐ 03. Italian☐ 10. Other _____ (specify)☐ 04. German☐ 05. Polish☐ 77. Refused☐ 06. Dutch☐ 88. Don't Know65. What language do you speak most often at home?

CHECK ONLY ONE

☐ 01. English☐ 08. Ukrainian☐ 02. French☐ 09. Croatian☐ 03. Italian☐ 10. Other _____ (specify)☐ 04. German☐ 05. Polish☐ 77. Refused☐ 06. Dutch☐ 88. Don't Know☐ 07. Portuguese

66. How easy or difficult is it for you to read things like a newspaper in English ...
(Newspaper = such as the Spectator)
- | | |
|---|---|
| <input type="checkbox"/> 1. Very easy, | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. Somewhat easy, | <input type="checkbox"/> 8. Don't Know -- PROBE: If respondent does not |
| <input type="checkbox"/> 3. Somewhat difficult, or, | <input type="checkbox"/> 9. Not Applicable |
| <input type="checkbox"/> 4. Very difficult? | Sight Problem |
- read the newspaper say
"If you wanted to ..."*
67. What is the highest level of schooling that you have completed?
- | |
|---|
| <input type="checkbox"/> 0. Grade school or less |
| <input type="checkbox"/> 1. Some high school |
| <input type="checkbox"/> 2. Graduated high school |
| <input type="checkbox"/> 3. Apprenticeship completed |
| <input type="checkbox"/> 4. Some college or university |
| <input type="checkbox"/> 5. Graduated college or university |
| <input type="checkbox"/> 6. Post graduate |
| <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 9. Other, specify _____ |
68. Altogether, how many people in your family are living with you -- you can include anyone who might be temporarily away on vacation, in hospital, or at school -- be sure to include yourself. When we use the word family, we mean persons living in the same place with you and who are related to each other -- either as a blood relative, through marriage, a common-law relationship, or through adoption. Include same sex relationships.
- | | |
|--|---|
| <input type="checkbox"/> 1. <u>One -- Check (x) 0. Zero in Q.69 and go to Q.70</u> | <input type="checkbox"/> 5. Five |
| <input type="checkbox"/> 2. Two | <input type="checkbox"/> 6. Six or more |
| <input type="checkbox"/> 3. Three | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 4. Four | <input type="checkbox"/> 8. Don't Know |
69. How many of these people are under age 18?
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 0. Zero | <input type="checkbox"/> 5. Five |
| <input type="checkbox"/> 1. One | <input type="checkbox"/> 6. Six or more |
| <input type="checkbox"/> 2. Two | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 3. Three | <input type="checkbox"/> 8. Don't Know |
| <input type="checkbox"/> 4. Four | <input type="checkbox"/> 9. Not applicable |
70. This next question is about single or lone parent families. By this we mean a family where a father or a mother, lives with one or more sons or daughters who have never been married -- and where there is no spouse or common-law partner present: Would you consider your family to be a single parent family?
- | | |
|---------------------------------|--|
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 7. Refused |
| <input type="checkbox"/> 2. No | <input type="checkbox"/> 8. Don't Know |

There are just 3 questions left.

71. Which of the following letters best describe the total family income before taxes for 1992...

Note: Family is defined in Q.68.

- | | |
|---|--|
| <input type="checkbox"/> 0. A. Less than \$20,000 | <i>When we use the word family, we mean persons living in the same place with you and who are related to each other -- either as a blood relative, through marriage, a common-law relationship, or through adoption. Include same sex relationships.</i> |
| <input type="checkbox"/> 1. B. \$20,000 but less than \$30,000 | |
| <input type="checkbox"/> 2. C. \$30,000 but less than \$40,000 | |
| <input type="checkbox"/> 3. D. \$40,000 but less than \$50,000 | |
| <input type="checkbox"/> 4. E. \$50,000 but less than \$60,000 | |
| <input type="checkbox"/> 5. F. \$60,000 but less than \$70,000 | |
| <input type="checkbox"/> 6. G. \$70,000 or more? | |
| <input type="checkbox"/> 7. <i>Refused</i> | |
| <input type="checkbox"/> 8. <u>Don't know - PROBE: I'll read the list again and could you take some time to think about it.</u> | |

72. Is the home or apartment where you live, being rented, or is it owned by you or a member of your household?

- | | |
|--|---|
| <input type="checkbox"/> 1. <i>Rented</i> | <input type="checkbox"/> 7. <i>Refused</i> |
| <input type="checkbox"/> 2. <i>Owned (or being bought)</i> | <input type="checkbox"/> 8. <i>Don't Know</i> |

73. Which of the following letters best describe the amount it cost for this housing last month; be sure to include rent, mortgage, property taxes, heat, hydro, water and gas ...

- | | |
|---|--|
| <input type="checkbox"/> 0. A. Less than \$200 | <input type="checkbox"/> 8. <i>Refused</i> |
| <input type="checkbox"/> 1. B. \$200 but less than \$400 | <input type="checkbox"/> 9. <u>Don't Know -- Probe: I'll read the list again and could you take some time to think about it.</u> |
| <input type="checkbox"/> 2. C. \$400 but less than \$600 | |
| <input type="checkbox"/> 3. D. \$600 but less than \$800 | |
| <input type="checkbox"/> 4. E. \$800 but less than \$1,000 | |
| <input type="checkbox"/> 5. F. \$1,000 but less than \$1,200 | |
| <input type="checkbox"/> 6. G. \$1,200 but less than \$1,400, or | |
| <input type="checkbox"/> 7. H. \$1,400 or more? | |

_____ *RECORD TIME*

THANK YOU FOR YOUR CO-OPERATION

RECORD _____ TIME END

Terminate, then fill in the following information.

=====

_____ Neighbourhood Unit _____ Interviewer Number
 _____ Respondent ID _____ 001 Project Number
 (Record Respondent ID on front page also)

Day Interview Completed: () 1. Monday () 4. Thursday
 () 2. Tuesday () 5. Friday
 () 3. Wednesday () 6. Saturday
 () 7. Sunday

_____ Number of calls placed to complete interview
 (Include "No Answer"; exclude "Busy")

_____ Time Begin

_____ Time End

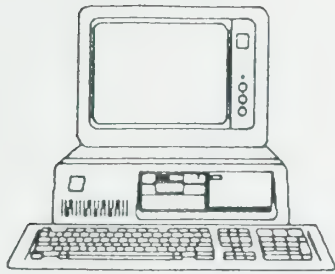
_____ Length of Interview

Respondent Sex: () 1. Male () 2. Female

Community: () 1. Hamilton () 4. Stoney Creek
 () 2. Ancaster () 5. Glanbrook (Binbrook, Caledonia, Mount Hope)
 () 3. Dundas () 6. Flamborough (Freelton, Lynden, Waterdown)

APPENDIX B

DISTRIBUTION OF QUESTIONS BY COMMUNITY PARTNER



THE COMMUNITY MONITOR

A Service of
The Social Planning and Research Council
of Hamilton and District
155 James Street South, Suite 601, Hamilton, Ontario L8P 3A4
Telephone: (416) 522-1148 Fax: (416) 522-9124

FINAL FIELD QUESTIONNAIRE

Spring 1993

Distribution of Questions by Community Partner

Social Planning and Research Council

Q. 1 - 11; Q. 54 - 56; Q. 57; 59; 60; 64

Employment and Immigration Canada

Q.32 - 53

District Health Council

Q. 16- 31; Q. 66

Regional Health and Social Services

Q. 12 - 15; Q. 61 - 62; 73

Demographics to be shared and included in Community Partners reports

Q. 58; 63; 65; 67; 68; 69; 70; 71; 72 plus Respondent Sex

(Municipality and Regional Planning Divisions to be included)

Note: If every respondent is asked every section of every question, 99 questions will be asked.

APPENDIX C

CODING MANUAL FOR OPEN-ENDED QUESTIONS EMPLOYMENT AND IMMIGRATION CANADA

Q.34 Other Federal Government offices visited?

- (564) 99 not applicable
- (1) 01 citizenship court
 - (26) 02 passport office
 - (3) 03 drivers' licence bureau
 - (2) 04 birth certificate office
 - (2) 05 MPP office
 - (2) 06 wherever you go for mother's allowance
 - (1) 07 SIN office
 - (4) 08 post office
 - (1) 09 American Embassy
 - (1) 10 land registry office
 - (2) 11 tourism
 - (1) 12 conference at House of Commons
 - (1) 13 CCIW
 - (1) 14 Veteran Affairs
 - (3) 15 Ministry of Natural Resources
 - (1) 16 Labour Board
 - (1) 17 Federal Registrar General
 - (1) 18 GST
 - (2) 19 National Defense
 - (2) 20 Canada Pension
 - (2) 21 Consumer Relations
 - (2) 22 Ministry of Transportation and Communications
 - (2) 23 Ontario Ministry of Health (OHIP)
 - (1) 24 Workers' Compensation Board
 - (2) 25 Attorney General (family support and enforcement)
 - (1) 26 family court
 - (1) 27 federal court
 - (3) 28 small business office
 - (1) 29 day care subsidy office

Q.36 Central Information Centre: additional types of services or departments?

- (527) 88 no idea/no preference/don't know
- (5) 66 all/as many as possible
- (1) 01 include small departments
- (4) 02 environment/water quality/CCIW
- (9) 03 passport office
- (3) 04 a place to get questions answered from politicians about policies
- (3) 05 veteran affairs
- (1) 06 troubleshooter for problems
- (2) 07 pensions
- (13) 08 directive and general information (contact name/fax number/written information)
- (3) 09 sub-station in rural areas for people who can't get around
- (2) 10 legal aid
- (2) 11 child care access information
- (2) 12 computer access to all departments in one building
- (5) 13 seniors (benefits/services/housing/transportation information)
- (2) 14 education about aids/sex/rape
- (4) 15 general health and social services and information
- (1) 16 information relating to aviation and vessels
- (1) 17 information concerning mentally retarded
- (1) 18 whole information office is waste of money
- (1) 19 information about school boards
- (1) 20 information about community resources
- (5) 21 MP liaison worker/MP office
- (1) 22 CRTC
- (1) 23 law enforcement
- (1) 24 efficiency department
- (1) 25 student loan re-payments
- (5) 26 federal/provincial/municipal should be together
- (2) 27 complaints department
- (2) 28 post office
- (3) 29 Ministry of Transportation
- (1) 31 Department of Supply and Services
- (2) 32 include Labour/Transportation
- (2) 33 suggestion box
- (1) 34 National Parks information
- (1) 35 Consumer Relations
- (1) 36 Marine Radio Licences
- (3) 37 birth certificate office
- (1) 38 useful to have documents (such as marriage and birth certificates) in computer in this centre
- (1) 39 department that handles all government publications, both federal and provincial
- (1) 40 Workers' Compensation Board
- (1) 41 family benefits
- (1) 42 services for universities to help government career planning
- (3) 43 Department of Natural Resources
- (4) 45 provincial services and referrals for provincial benefits
- (1) 46 land and property ownership information
- (1) 47 licensing a business
- (1) 48 how to contact Ambassadors of other countries
- (1) 49 telephone service

Q.36 Central Information Centre: additional types of services or departments? (cont'd)

- (2) 50 free parking
- (2) 51 french language service/different cultures
- (1) 53 tourism office

Q.43 and Q.47 How satisfied are you (they) with Telephone Access Code system: why is that?

(598) (580) 99 not applicable

(2) (14) 88 don't know

- (1) 01 only so much you can get with this system. Can ask more questions and get satisfactory answers with a person
- (1) 02 It's better than going in all the time
- (2) 03 worked very well. Efficient
- (3) 04 tough time getting through after 5 pm. need longer hours
- (1) 05 needed information right away and got it faster this way
- (1) 06 just have to press a button
- (1) 07 it answered what I wanted to know
- (3) 08 fast system
- (1) 10 answered my questions
- (1) 11 I didn't have to wait or have to hold for hours to get answers to my questions
- (1) 12 was able to access help/it's okay
- (1) 13 didn't work on our phone system
- (1) 14 got information
- (1) 15 easily retrieved answers to questions
- (1) 16 sometimes needed more information than what's on the recording
- (2) 17 one friend couldn't remember his number so he didn't access help, but other friend did remember so he could access help
- (1) 18 saved him a trip to the city
- (3) 19 question was answered
- (1) 20 you don't have to wait at all
- (2) 21 they said I had to go in personally/they can only tell you if cheque was issued
- (1) 22 they sometimes don't return your call
- (1) 23 got through immediately/got information needed
- (1) 24 easily accessible information/easy system to operate
- (2) 25 don't have to go to UIC office/didn't have to go out to do 5 minute job
- (1) 26 the computer part is fine but going beyond that is frustrating - you get busy signals/limited to as to when you can call/when you want personal counselling
- (1) 27 don't work when you want to know why your cheque is so long in coming
- (1) 28 don't like talking to machine
- (1) 29 was surprised and unprepared - also didn't get information he wanted
- (1) 30 my friend didn't have time to go down to the office so he was able to get information over the phone
- (1) 31 can't ask questions with a computer
- (2) 32 things worked out okay
- (1) 33 they were able to get answers that helped
- (1) 35 they get information they want but can't do anything about it
- (1) 36 very easy
- (1) 37 if you lose the number they won't talk to you over the phone - otherwise it's good
- (1) 38 threw out their number and couldn't get help
- (1) 39 able to get information on when cheque is due
- (1) 40 not getting answer he wanted
- (1) 41 got answers to my questions
- (1) 42 I was satisfied with the answers they gave me but I still had to go in personally
- (1) 43 if you answer questions wrong you have to start over again so it's better to go in person

(1) 44 saves time and energy

Q.43 and Q.47 How satisfied are you (they) with Telephone Access Code system: why is that? (cont'd)

(1) 45 found out information on payment

(1) 46 wanted to talk to someone

(1) 47 can't get any real information from it/messages never seem to change - same ones month after month

(1) 48 gave office hours and said cheque was issued

(1) 49 liked it

(1) 50 sometimes computer can't answer/computer often not up to date with current information/confusing for client about how and whether to cash UIC cheques

(1) 51 couldn't ask questions

(2) 52 didn't get information needed

(1) 53 don't have to be on hold for a long time waiting for assistance

(2) 54 another issue requiring personal assistance means hanging up and a second call

Q.44 Other reason Telephone Access Code was not used?

(603) 99 not applicable

- (3) 01 prefer talking to people not machines/counsellor
- (1) 02 received code after it was needed
- (3) 03 not on UIC long enough
- (2) 04 live near UIC office
- (1) 05 didn't notice phone number

Note: Q.43 Why Telephone Access Code was not used?

- (15) 01 didn't need information
- (2) 02 didn't have touch-tone phone

Q.49 What type of information was missing?

(612) 99 not applicable

(4) 88 don't know

(1) 01 whether or not personal UIC claim was processed

(2) 02 couldn't get information about potential benefits until application was processed

(1) 03 why were cards delayed/system couldn't handle anything outside routine

(3) 04 they couldn't tell me why my cheque was not issued/more information about date of issue of cheque

(2) 05 wanted human contact for question - had to wait a long time

(1) 06 if cheque had been issued

(1) 07 reason why cheque was not going through

(1) 08 length of waiting period

(2) 09 up to date information is not available

Q.51(g) and Q.52a(g) Which "other" services were used?

- (575) 99 not applicable
- (9) 88 don't know (about other persons)

- (4) 01 youth employment/student
- (6) 02 Futures Program
- (1) 03 develop a business
- (4) 04 training
- (5) 05 maternity benefits
- (1) 07 manpower services - hire people
- (2) 08 pick-up forms
- (15) 09 Social Insurance Number
- (1) 10 compensation
- (1) 12 new job list on phone
- (1) 13 employer's forms
- (1) 14 jobs on computer
- (1) 15 rehabilitation
- (3) 16 placed ads for employees/hire staff
- (2) 17 get information and co-ordinate documents for staff

Q.53 What other type of information or services should CEC offer?

- (432) 88 don't know; can't think of any; not sure
 (2) 66 all services (?)
- (17) 01 they do quite well already/very good/I'm satisfied
 (1) 02 translations or interpreters would be helpful
 (2) 03 job posting are out of date and contain little information
 (1) 04 publish some kind of newsletter outlining job trends and future employment opportunities to send to guidance centres at schools
 (1) 05 unemployment used to be a service that tried to help people get work, today they don't give a damn; taken over by people who have more knowledge and skills and interest in helping people such as Citizen Action Group and Hamilton Help Centre
 (13) 06 should try to help people get work /job listings/availability of work/help employer understand system
 (1) 07 information on Armed Forces
 (4) 08 try to get contacts or leads for people for jobs
 (1) 09 information on minimum wage and where to go to deal with employer/employee problems
 (5) 10 find opportunities for more jobs
 (39) 11 retraining/training /assistance with up-grading/fit people into better suited positions
 (6) 12 job counselling
 (3) 13 in depth across the province job opportunity listing; out of province also
 (2) 14 getting jobs for people
 (1) 16 train people on mother's allowance and provide child care
 (1) 17 health and safety information
 (2) 18 advise people on what education is needed for certain jobs and where it can be obtained
 (5) 19 phone information/calls for jobs that come up
 (1) 20 Futures only up to age 24, should be for adults also
 (2) 21 what federal funding is available for starting a small business
 (1) 22 explain why the cards have different numbers and what they mean
 (1) 23 how to make applications and process claims
 (1) 24 more information on starting a business
 (1) 25 higher premiums
 (2) 26 teach their people a lesson in diplomacy; how to be polite to people/users feel belittled
 (2) 27 they are too busy as is; job information; advise or give information for education or training programs
 (1) 28 better service/be more efficient
 (1) 29 availability of skills - they should be catalogued
 (1) 30 keep option for unemployed to go back to school
 (1) 31 offer all they can already
 (2) 32 should be better in communicating to the general public; should not be too abrupt when dealing with general public
 (3) 33 matching people with jobs
 (1) 34 educational programs information as well as course information/find places people could volunteer where they could use their skills
 (2) 35 more information on trades and overseas information
 (1) 36 Labour Board
 (2) 37 apprehension when new UIC legislation is coming-staff don't have new rules soon enough to reassure users
 (1) 38 be more cheerful
 (2) 39 pre-arranged appointments because of long line ups
 (1) 40 co-op program like university

Q.53 What other type of information or services should CEC offer? (cont'd)

- (1) 41 information about specialty job opportunities
- (1) 42 more jobs
- (1) 43 information on jobs come in on Monday/job tips/educational information
- (3) 44 career information/job statistics
- (1) 45 should check claims
- (1) 46 touch-tone system is too impersonal
- (1) 47 easy access to training
- (2) 48 being self-employed, not eligible to collect UIC but need training or financial help
- (2) 49 bilingually designated staff - English/French
- (3) 50 faster services; speed up replies
- (1) 51 push button phone lines for jobs that are available
- (1) 52 they could be getting people to look harder for work rather than making it easy for them to collect money or UIC
- (1) 53 should offer counselling for personal as well as professional reasons
- (1) 54 more respect for people
- (1) 55 service that explains how or if you qualify
- (1) 56 directory/information on educational opportunities for re-training
- (1) 57 congeniality classes for CEC employees
- (1) 58 information for criteria for eligibility for different types of programs and jobs
- (2) 59 general information explaining rights
- (1) 60 better help for unemployed who are losing jobs from attrition
- (1) 61 staff need to understand fine points about trades
- (1) 62 find employment in subsidized jobs for people
- (3) 63 be more closely in tune with Ministry of Skills and Development and Ministry of Training and Development concerning time requirements
- (1) 64 find extra jobs
- (1) 65 information for resume/job search
- (1) 67 more training programs/apprenticeships
- (1) 68 very pleased with existing services; positive and encouraging
- (1) 69 job placement
- (1) 70 like to see job postings on TV - waste of time to go to office
- (1) 71 income tax processing
- (4) 72 counsellors need to be more informed about services
- (1) 73 be more of a help getting people jobs - it's still too difficult to find a job
- (1) 74 re-training/re-entry help-job finding/job creation/counselling
- (2) 75 student summer jobs
- (1) 76 rebate to person who never collect like an annuity
- (1) 78 pay people on UIC to work, pay employer wages for small business owners; subsidize wages to help small business owners
- (1) 79 upgrading for all persons
- (2) 80 pregnancy leave information
- (1) 81 offer easy access to one's own employment files so they can review it
- (1) 82 program and services for welfare recipients
- (1) 83 better benefits based on amount of years claimants have been paying UIC
- (1) 84 services for people over 50 years
- (2) 85 better services for unemployed executives and managers rather than just trade jobs
- (1) 87 interfere with part-time employment
- (1) 89 only services for people who come in person
- (1) 92 better system to help students

APPENDIX C

CODING MANUAL FOR OPEN-ENDED QUESTIONS HAMILTON-WENTWORTH DISTRICT HEALTH COUNCIL

Q.19 What else do you do when worried about health?

- (542) 99 not applicable
- (11) 01 go walking/exercise/gym/soccer
- (2) 02 seek out specialist
- (10) 03 watch diet/see dietician
- (8) 04 try to take care of self/good personal health habits
- (6) 05 go to church/pray/talk to Lord
- (4) 06 talk to druggist
- (1) 07 talk to counsellor
- (6) 08 research illness
- (5) 09 try to figure out cause
- (1) 10 phone a dial-in information service
- (1) 11 try not to worry
- (1) 12 go to dentist
- (2) 13 try to be informed - prevention/health care/annual physical
- (3) 14 go to holistic centre (naturopath)
- (1) 15 massage
- (3) 16 rest
- (3) 17 talk to parents about hereditary situation
- (5) 18 change treatment (take less medication/more vitamins/chicken soup/take medicine)
- (1) 19 call Tel-Med
- (1) 20 read drugstore pamphlet
- (1) 21 see company nurse
- (1) 22 worry
- (1) 23 home remedies
- (1) 24 wear protective equipment
- (1) 25 involved in Seniors 66 Your Health Program (Sackville Seniors Centre)
- (1) 26 breast screening centre
- (1) 27 talk to teacher
- (1) 28 phone emergency department
- (1) 29 go to herbalist
- (1) 30 phone someone with a medical book
- (2) 31 ignore it/just keep working
- (1) 32 call Consumer Health

Q.22 Who was taken care of? (Care Receivers)

(508) 99 not applicable

(3) 0 grandchild

(8) 1 grandparent

(48) 2 parent (include in-laws)

(15) 3 spouse/partner

(35) 4 children

(5) 5 brother or sister (include in-law)

(8) 6 other-aunt/uncle/niece/nephew/cousin/friend

Q.27 Which areas or health service important for public opinion?

- (50) 99 not applicable
- (116) 88 don't know
- (157) 66 all/everything we're paying for

- (13) 01 what areas to cut back on/what facilities to downgrade
- (6) 02 inform about abuse of health care system
- (11) 03 closing hospital beds/beds available/emergency services
- (1) 04 care for age bracket 50-60 years
- (41) 05 needs/types of service to provide
- (12) 06 user fees
- (4) 07 sexually transmitted diseases/communicable diseases
- (2) 08 drugs (abuse/counselling/assistance)
- (2) 09 family planning
- (2) 10 financial needs of the elderly
- (1) 11 financial needs of the sick
- (3) 12 not anything dealing with hospitals
- (24) 13 which things should be covered by OHIP
- (7) 14 eye/ear/dental (care/benefits)
- (15) 15 to decide where money is spent
- (21) 16 availability of health care (amalgamation/specialized units)
- (18) 17 access to health services/how to better utilize services
- (3) 18 drug costs
- (53) 19 cost of health system (sending patients out of town/how to spend tax dollars/equipment purchases)
- (27) 20 hospitals/clinics/out-patient clinics
- (10) 21 home care/doctor house calls
- (1) 22 financial need of welfare
- (1) 23 sex education
- (1) 24 (drop-in centre/hospice) for HIV positive and AIDS patients
- (1) 25 health magazines
- (3) 27 mental health/general counselling
- (2) 28 public health nurses
- (1) 29 school nurses
- (14) 30 child care (child health issues/kids' help phone)
- (10) 31 staffing
- (3) 32 immunization/spread of disease
- (12) 33 emergency (care/clinics)
- (39) 34 care for seniors
- (2) 35 pollution/drinking water
- (6) 36 aids education
- (3) 37 doctors' fees
- (3) 38 abortion referendum
- (5) 39 long term care
- (2) 40 wages of health care workers
- (10) 41 for what they are about to change/cancel
- (10) 42 location of hospitals/travel coverage to them
- (7) 43 controversial issues (abortion/euthanasia/legal considerations and individual issues)
- (1) 44 middle-age problems
- (3) 45 specialty care
- (10) 46 doctors (number/types)

Q.27 Which areas or health service important for public opinion? (cont'd)

- (27) 47 how programs are working (preventative medicine programs/patient advocate groups/heart/diabetes/cancer programs)
- (6) 48 disabled
- (2) 49 epidemics
- (6) 50 general family services
- (7) 51 public education
- (4) 52 waste of money
- (3) 53 research
- (1) 54 abuse
- (1) 56 refugee services
- (3) 57 what information doctors should be able to release to general public
- (2) 58 elective treatment funding
- (1) 59 half-way houses

APPENDIX C

CODING MANUAL FOR OPEN-ENDED QUESTIONS

DEPARTMENT OF SOCIAL SERVICES:

REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

Q.12 Most important social services?

- (96) 88 don't know
- (1) 77 refused
- (4) 66 all
- (2) 00 none

- (87) 01 services for seniors/education concerning seniors
- (31) 02 services for handicapped/disabled
- (3) 03 drug counselling
- (28) 04 unemployment insurance
- (107) 05 welfare/minimum income
- (43) 06 child services (general support/well-being/psychological care for children/assessment for developmentally delayed children/special needs/kid's help phone)
- (12) 07 spouse abuse/rape/crisis centre
- (27) 08 housing (low cost housing/affordable housing/rent control)
- (6) 09 services in general for mentally ill/housing for mentally ill
- (17) 10 help for homeless (housing/shelters)
- (7) 11 get people off welfare-counselling
- (14) 12 re-training programs
- (38) 13 child day care
- (2) 14 elderly day care
- (35) 15 battered children: (shelters/housing/counselling for battered children)
- (10) 16 help find jobs
- (1) 17 health counselling
- (11) 18 too much support for unemployed/monitor people on welfare
- (14) 19 youth services (teen pregnancy/counselling/drop-in centre)
- (4) 20 family planning/birth education
- (8) 21 general counselling (social workers/support groups)
- (44) 22 food banks/soup kitchen
- (3) 23 clothing
- (26) 24 home care/visiting homemaker/comcare
- (4) 25 help with street kids/drop-in centres/Brennan Home
- (75) 26 health care (medical/VON/clinics/hospitals/emergency services/rehabilitation/OHIP)
- (13) 27 single parents (day care-single women/education/help)
- (2) 28 literacy training
- (26) 29 create work (generate work/economic development/JOBS ONTARIO)
- (3) 30 legal help (young offenders-community service)
- (3) 31 nursing homes
- (1) 32 workers' compensation
- (18) 33 not welfare make them work
- (10) 34 general education (budgeting/drug abuse/sex)
- (2) 35 health-life skills
- (23) 36 social assistance
- (5) 37 financial counselling
- (11) 38 transportation-DARTS
- (29) 39 family benefits/mother's allowance/FBA
- (13) 40 Police
- (13) 41 child abuse/children's aid
- (5) 42 short-term financial assistance
- (15) 43 schools (elementary/secondary/post-secondary)
- (1) 44 assistance to entrepreneurs

Q.12 Most important social services? (cont'd)

- (6) 45 dental and drug benefits for welfare (those who need it/afford-to-pay basis)
- (4) 46 community services spend money in communities not overseas
- (6) 47 garbage collection
- (1) 48 sewers
- (6) 49 roads/snow removal
- (1) 50 services for immigrants/refugees
- (5) 51 Meals on Wheels
- (6) 52 pensions-disabilities
- (3) 53 Red Cross
- (4) 54 fire department
- (4) 55 playgrounds/parks/pools/recreation
- (1) 56 federal services for health care and child support
- (3) 57 Salvation Army
- (1) 61 ALSAP
- (1) 62 marital counselling (have to wait forever or need a doctor's referral)
- (1) 63 Alcoholics Anonymous

Q.14 Which social services were used by family?

- (466) 99 not applicable
- (1) 77 refused
- (4) 88 don't know

- (42) 01 welfare/student welfare
- (5) 02 transportation (DARTS/cancer patients/disabled)
- (1) 03 help finding employment
- (6) 04 day care subsidy
- (2) 05 legal aid
- (29) 06 family benefits/mother's allowance/FBA
- (21) 07 homemaker/visiting homemaker/meals on wheels
- (15) 08 VON/visiting nurse/public health nurse
- (1) 09 group home for schizophrenics
- (21) 10 unemployment insurance/parental leave
- (2) 11 visiting therapist
- (5) 12 child and adolescent services (drop in centre for child/parents/adolescents)
- (2) 13 health services (out-patient therapy/St. John's Ambulance)
- (1) 14 Big Brothers
- (2) 15 Red Cross
- (5) 16 disability pension/extended health care benefits
- (1) 17 respite
- (5) 18 hospital (psychiatric/learning disabilities)
- (1) 19 library
- (1) 20 dental benefits
- (2) 21 nursing home placement
- (6) 22 in-take social worker/general counselling
- (1) 23 family services
- (3) 24 Canada Pension Plan/G.A.I.N.S./Old Age Pension
- (2) 25 medicare/OHIP
- (1) 26 education (pre-natal)
- (2) 27 parks/playground/pools/recreation
- (1) 28 funeral costs
- (1) 29 JOBS ONTARIO
- (1) 30 Hamilton Help Centre
- (1) 31 M.S. Society
- (1) 32 continuing education
- (1) 33 provincial services
- (4) 34 support groups/support person
- (1) 35 Cancer Society
- (1) 36 Salvation Army
- (1) 39 new health centre (King/Centennial)
- (2) 40 Hearing Society
- (2) 41 marriage counselling services
- (1) 42 handicapped children's

Q.62 How affected by recession?

- (250) 99 not applicable
 (3) 88 don't know
- (67) 01 lost job/laid off permanently/plant closed/no job
 (10) 02 laid off temporarily/short term
 (1) 03 laid off specified number of days per year
 (5) 04 threat of lay off
 (82) 05 family members unemployed and looking for work/lost job
 (108) 06 watch money more/can't travel/can't buy new car/clientele has dropped gave up car/not enough money to spend/mother's allowance not gone up/spending less/less disposable income/income not gone up with Cost of Living/wages don't go up but everything else does/prices gone up income didn't/borrowed money from family
 (7) 07 stress on family and myself/reduced job security
 (54) 08 reduced income/pay cut/income depends on interest rates which have fallen/loss of money
 (6) 09 early retirement
 (1) 10 working only part-time now not full-time
 (6) 11 expecting growth but it didn't happen
 (4) 12 reduced property values/can't sell home at present market values
 (1) 13 reduction in charitable contributions
 (10) 14 hours cut back
 (2) 15 bankruptcy
 (4) 16 being demoted
 (1) 17 disability exemption for gas 17% per cent - doesn't touch the costs to my family
 (2) 18 increased expenses in child's education
 (1) 19 returned to school because no job available
 (1) 20 no vacation
 (2) 21 loss of home/apartment
 (1) 22 no child support
 (1) 24 cutting down because of change of unemployment

APPENDIX D

ANNOUNCEMENT LETTER

The Social Planning & Research Council

of Hamilton and District

155 James St. S., 6th Floor, Hamilton, Ontario L8P 3A4

Dear Resident of Hamilton-Wentworth:

An interviewer will soon contact you by telephone for an interview in conjunction with our survey called, "**THE COMMUNITY MONITOR**". This survey which is being conducted by the Social Planning and Research Council of Hamilton and District, is based upon telephone interviews which may average 15 to 20 minutes.

The information we collect will be used by local providers of health and social services to help improve the services they offer.

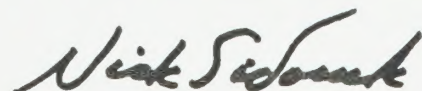
We wanted to let you know about our telephone call and interview so that you would not mistake our interviewer for a salesperson and that you might set aside some time to express your feelings in this important study.

We are not interested in identifying the answers of any particular person, and, as such, your name will not appear on the questionnaire. Please be assured that your answers will remain anonymous and confidential.

For this interview, we will be talking about social, health and economic planning topics in Hamilton-Wentworth. Although we would prefer to conduct the interview with all adult members of your household, this is not possible by telephone. Our interviewer will therefore use a scientific procedure to select the person from your household to be interviewed.

I think you will find the questions interesting and pleasant. If you have any questions, please ask your interviewer when you receive the call. Thank you in advance for your co-operation.

Sincerely,



Nick Sidoruk,
Project Director

NS/ce

